

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (In this place) <b>32 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>821 S. NETTLETON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>821 S. NETTLETON</b>		e. STREET ADDRESS (If rural, give location) <b>821 S. NETTLETON</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRANCES</b>	b. (Middle) <b>D.</b>	c. (Last) <b>BROOS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 9, 1953</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV. 26, 1892</b>	9. AGE (In years last birthday) (Month) (Day) (Year) <b>60</b>	10. IF UNDER 1 YEAR (Hours) (Min.)	11. IF UNDER 2 HRS. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>FRANK SCHINER</b>	13b. MOTHER'S MAIDEN NAME <b>SOPHIA (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>GEORGE BROOS SPRINGFIELD, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Diabetes Mellitus		Don't know
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		(According to Coroner's report this lady had been under the care of a private physician, and had been receiving treatment for diabetes. She died before the physician arrived.)		
II. OTHER SIGNIFICANT CONDITIONS		UNATTENDED BY A PHYSICIAN		
Conditions contributing to the death but not related to the disease or condition causing death.		260X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, that I saw the deceased \_\_\_\_\_, and that death occurred at **12:30a**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edith Williamson</b> Deputy Registrar (Degree or title) Vital Statistics	23b. ADDRESS <b>Greene County Court House Springfield, Missouri</b>	DATE SIGNED <b>1/10/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1/12/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>1-10-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b> Deputy Reg.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1396

1921

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.