

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9488

State File No. ....

FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2600 Registrar's No. 268

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>Webster</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rogersville Rural 1120</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>RFD#3</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELVA</b>		b. (Middle)	
		c. (Last) <b>STUDLEY</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>March 13 1953</b>	
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>13 August 1881</b>
9. AGE (In years last birthday) <b>71</b>		10. KIND OF BUSINESS OR INDUSTRY <b>In home</b>	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Samuel</b>		13b. MOTHER'S MAIDEN NAME <b>Reed</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John F. Osburne</b> ADDRESS <b>Rogersville, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>  ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>4200</b>  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>MARCH 5, 1953</b> , to <b>MARCH 13, 1953</b> , that I last saw the deceased alive on <b>MARCH 13, 1953</b> , and that death occurred at <b>10:18A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>D. Dean Cunningham, M.D.</b>		23b. ADDRESS <b>1715 Booneville</b>	
23c. DATE SIGNED <b>3-16-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3/16/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Eastlaw Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. KLINGNER &amp; CO.</b> ADDRESS <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-16-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b> <i>Capacity Registrar</i>	

**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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Spring Hill

**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.