

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11436**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 158	
1. PLACE OF DEATH a. COUNTY Cape Girardeau ---3 yrs.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) Most of life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		d. STREET ADDRESS (If rural, give location) 613 Good Hope Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 613 Good Hope Street				d. STREET ADDRESS (If rural, give location) 613 Good Hope Street			
3. NAME OF DECEASED a. (First) Mona (Type or Print)			b. (Middle) Davis		c. (Last) Springer		4. DATE OF DEATH (Month) (Day) (Year) April 9-1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 6-1883		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and State or Foreign Country) Fruitland, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Robert L. Caldwell			13b. MOTHER'S MAIDEN NAME Effie Ruff		14. NAME OF HUSBAND OR WIFE Aug. Springer, Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Paul Kasten-- Cape Girardeau Mo		
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Hypertensive Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 Sept. 6, 1944 , to April 9, 1954 , that I last saw the deceased alive on March 4, 1954 , and that death occurred at 4 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE William J. Oehler M.D.				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 4-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		24d. LOCATION (City, town, or county) (State) Fruitland, Mo.	
DATE REC'D BY LOCAL REG. 4-14-54		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Haman		ADDRESS Cape Girardeau, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. R. Haman*.....

Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau 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.