

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12240**
1556

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY JACKSON		a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 24 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER		e. STREET ADDRESS (If rural, give location) 1332 EAST 76TH STREET		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
a. (First) GEORGE		b. (Middle) FOSTER		c. (Last) SPRINGER
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY 21-1891		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE ADJUSTER
11. BIRTHPLACE (City and State or Foreign Country) OTTUMWA IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME CHARLES B. SPRINGER		13b. MOTHER'S MAIDEN NAME HANNAH BELLE FOSTER		14. NAME OF HUSBAND OR WIFE MARGARET ISRAEL SPRINGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 486-09-9414		17. INFORMANT'S SIGNATURE OR NAME MRS. MARGARET ISRAEL SPRINGER ADDRESS 1332 E. 76TH ST. KANSAS CITY, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		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 1954 , to 4-4 , 19 54 , that I last saw the deceased alive on 4-4 , 19 54 , and that death occurred at 11:20 Am. , from the causes and on the date stated above.				
23a. SIGNATURE OF REGISTRAR [Signature]		23b. ADDRESS PROFESSIONAL BUILDING		23c. DATE SIGNED 4-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APRIL 6 1954		24c. NAME OF CEMETERY OR CREMATORY ASHLAND CEMETERY
24d. LOCATION (City, town, or county) (State) ELDON IOWA		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		

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

3169

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.....
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *H. 8.*

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.