

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3617

State File No.

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BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> c. LENGTH OF STAY (in this place) <u>Blackneck 2 years</u>		c. CITY OR TOWN <u>Shelbyville - Rural</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>1020</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eunice</u> b. (Middle) <u>Katharine</u> c. (Last) <u>Springsteen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 23rd 1870</u>
9. AGE (In years) (Months) (Days) <u>84 6 11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John P. Beach</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Timmore Springsteen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Springsteen</u> ADDRESS <u>Shelbyville Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremie poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Myocardia failure</u> 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 <u>592X</u>	
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 <u>Dec 21, 1954</u> , to <u>Jan 4, 1955</u> , that I last saw the deceased alive on <u>Jan 1, 1955</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Howard W. Dutton D.O.</u>		23b. ADDRESS <u>Box 1061 Mo.</u>	
23c. DATE SIGNED <u>Jan 10, 55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>1010 F. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Shelbyville Shelby Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Thompson</u> ADDRESS <u>Shelbyville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-10-55</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 Self, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. W. Musgrove

Licensed Embalmer No. 2711

P. O. Address Bethel

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.