

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21854

State File No.

FILED JUL 25 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 622

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Springfield 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 1209 N. Clay		e. STREET ADDRESS (If rural, give location) 1209 N. Clay 03490	
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) H. c. (Last) SPRINGER	
4. DATE OF DEATH (Month) (Day) (Year) July 16, 1955		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 22 Feb. 1911	
9. AGE (in years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Pilot	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C. D. Springer		13b. MOTHER'S MAIDEN NAME Emma Hemanway	
14. NAME OF HUSBAND OR WIFE Divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME C. D. Springer ADDRESS Springfield, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage	
INTERVAL BETWEEN ONSET AND DEATH 1-hr.		19. DATE OF OPERATION	
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) (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 <u>1940</u> , to <u>July 16, 1955</u> , that I last saw the deceased alive on <u>July 12, 1955</u> , and that death occurred at <u>10:10 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) D. M. Klingner M.D.		23b. ADDRESS 1630 N. Jefferson Springfield, Missouri	
23c. DATE SIGNED 7-17-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-19-55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield, Mo.	
DATE REC'D BY LOCAL REG. 7-18-55		REGISTRAR'S SIGNATURE Edith Williamson	

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

JUL 25 1935

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.....
Ogden Stone Jr

Licensed Embalmer No. 4111

P. O. Address *Springfield*

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.