RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032593
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4217

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in Ib 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mass. b. COUNTY —
c. CITY OR TOWN Weymouth
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 41 Pond Street South
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Allen Last Springmeyer
4. DATE OF DEATH Month Aug. Day 28, Year 1959

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-15-1929
9. AGE (last birthday) 30
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. M. C.
10b. KIND OF BUSINESS OR INDUSTRY U. S. M. C.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Adolph F. Springmeyer
13b. MOTHER'S MAIDEN NAME Mildred D. -
14. NAME OF HUSBAND OR WIFE Retha Jacquelins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Korean War
16. SOCIAL SECURITY NO. —
17. INFORMANT Navy Health Records Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) peritonitis acute nephrosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) perforation jejunum
DUE TO (c) absence of left kidney
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) stabbed in an argument?

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 8-19-59
9th. & Locust

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) tavern
20f. CITY, TOWN, OR LOCATION Kansas City, COUNTY Jackson, STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 1034 Rialto Bldg.
22c. DATE SIGNED 8-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 8-30-59
23c. NAME OF CEMETERY OR CREMATORY New Bethelhem Cem.
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Julien-Flaming, Olathe, Kans. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-29-59
26. REGISTRAR'S SIGNATURE Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.