

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-020416

STATE FILE NUMBER

Registration District No. 38

Primary Registration District No. 3006 Registrar's No. 424

AMENDED

FILED JUL 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>12 Years</u>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Lenoir Memorial Home</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>ALICE</u> Last <u>SPRINGER</u>				4. DATE OF DEATH Month <u>July</u> Day <u>4</u> Year <u>1961</u>															
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-17-1876</u>		9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Missionary</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Missionary</u>		11. BIRTHPLACE (City and state and country) <u>Camden, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>											
13a. FATHER'S NAME <u>(unknown) Oldaker</u>				13b. MOTHER'S MAIDEN NAME <u>(unknown)</u>				14. NAME OF HUSBAND OR WIFE <u>George Edward Springer</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Edmund C. Miller, Columbia, Mo.</u> Address													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cerebral appoplexy multiple recurrent</u> DUE TO (b) <u>arteriosclerosis, generalized</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)															
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>1960</u> to <u>July 1961</u> and last saw her alive on <u>July 3, 1961</u> Death occurred at <u>11:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Deceased or title) <u>James M. Baker MD</u>						22b. ADDRESS <u>Columbia, Mo.</u>				22c. DATE SIGNED <u>July 5, 1961</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-7-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crowmland Cemetery</u>				23d. LOCATION (City, town, or county) (Specify) <u>Noblesville, Indiana</u>											
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>July 5, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>													

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 George A. Keeby

Licensed Embalmer No. 4750

P. O. Address Columbia, Md.

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.