

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042107

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 87 Primary Registration District No. 5324 Registrar's No. 85 STATE FILE NUMBER

FILED NOV 26 1962

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bronx TWP.</u>		c. CITY OR TOWN <u>Bourbon</u>	
Length of stay in 1b <u>Lifetime</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>Star Route</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Claude</u> Middle <u>Hyde</u> Last <u>Springer</u>			4. DATE OF DEATH Month <u>November</u> Day <u>14</u> Year <u>1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 18 1887</u>	9. AGE (last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Emp. Mo. State Hwy Dept</u>	
10a. FATHER'S NAME <u>James Springer</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Hyde</u>		14. NAME OF DECEASED'S WIFE <u>Ethel Williamson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs Ethel Springer - Bourbon, Mo.</u> Address		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Heart Failure.</u>		<u>seconds</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>congestive Failure.</u>		<u>50 MO</u>	
DUE TO (c) <u>Pulmonary Tuberculosis</u>		<u>years</u>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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>12:30</u> a.m. <u>PM</u> Month, Day, Year <u>26 Dec 1960</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Bourbon, Mo.</u>		20g. COUNTY <u>Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>26 Dec 1960</u> to <u>14 Nov 62</u> and last saw her/him alive on <u>9 Nov 1962</u> Death occurred at <u>12:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>Bourbon, Mo.</u>		22c. DATE <u>19 Nov 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 16 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bourbon</u>	
23d. LOCATION (City, town, or county) <u>Bourbon</u>		23e. LOCATION (City, town, or county) <u>Mo.</u>		23f. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Hoener Funeral Home</u> ADDRESS <u>Cuba, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 16, 1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ
 USE BLACK INK OR TYPEWRITER RIBBON

NOV 28 1962

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 Herman A. Haener

Licensed Embalmer No. 4673
P. O. Address Cuba, MO.

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.