

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37566

State File No. ....

FILED DEC 7 1944

Registration District No. 7906

Primary Registration District No. 4148

Registrar's No. 47

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

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town OTTERVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town OTTERVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME THOMAS ORVILLE SPILLERS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CARRIE SPILLERS 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased MARCH 6 1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 10  
If less than one day hr. min.

9. Birthplace OTTERVILLE Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation JUDGE & FARMER

11. Industry or business

12. Name HENRY TAYLOR SPILLERS

13. Birthplace OTTERVILLE Mo  
(City, town, or county) (State or foreign country)

14. Maiden name MARY ELLEN THOMAS

15. Birthplace OTTERVILLE Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. O. Spillers

(b) Address Otterville, Mo.

17. (a) BURIAL (b) Date thereof 11-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director T. F. Spiller

(b) Address Otterville, Mo.

19. (a) Nov 25, 1944 (b) into W. W. Rabien  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16  
year 1944 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from Nov 16 1944  
to Nov 16 1944  
that I last saw him alive on Nov. 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration

Due to aha

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (Specify means of injury)

23. Signature [Signature] (M. D. or other) 11/17/44

Address Brushon Mo. Date signed

1087

1900  
District File Number  
Date Filed 12-5-74

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  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lucius F. Parker*  
Licensed Embalmer No. *3840*  
P. O. Address *Otterville, 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 this body is not embalmed, fact should be so stated above.