V. S. No. 2
00M—5-43
Rev. 5-17-3
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28777

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 96

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 138
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 224 E. Arch 2
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin Horace Spillman
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle (WiseHeart) Spillman
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. (Month) 26 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	7	hr. min.

9. Birthplace Warrensburg, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Sheet Metal Worker
11. Industry or business Spillman & Son
FATHER
12. Name Thomas Spillman
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Wayne Spillman
(b) Address 822 E. Arch St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada, Missouri
19. (a) 8-15-45 (Date received local registrar) (b) Hazel B. Burch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3rd year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Aug. 1, 1945 to Aug. 3, 1945 that I last saw him alive on Aug. 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism	
Due to Prostatectomy 8-2-45	
Due to	
Other conditions (Include pregnancy within 3 months of death) 5\12	
Major findings: Of operation Probably malignant prostate	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. King (M. D. ~~or other~~)
Address Nevada, Mo. Date signed 8-4-45

133) (Licensed Embalmer's Statement on Reverse Side)

OCT 31 1945

RECEIVED
District Health Officer No. 7
District File Number 8-45-887
Date Filed 9-5-45

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 Marsh Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.