

FILED SEP 29 1948
Registration District No. **204**

Primary Registration District No. **4395**

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Gainesville
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Eight Years _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark **77**

(c) City or town Gainesville **Mo** **8**
(If outside city or town limits, write "RURAL.") **0**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Milton McSpadden

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

4. Sex Male 0 5. Color of race White

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May (Month) 17 (Day) 1874 (Year)

8. AGE: Years Months Days If less than one day

74 4 7 _____ hr. _____ min.

9. Birthplace Salem, Mo Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Ford Agency Manager

11. Industry or business _____

MOTHER FATHER { 12. Name Moses McSpadden 0

13. Birthplace Ozark Co Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McSpadden 0

15. Birthplace Salem, Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. M. J. Therman

(b) Address Gainesville Mo

17. (a) Burial (b) Date thereof Sept 22, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery Salem

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Gainesville Mo Home

19. (a) 9-20-48 (b) William Ogwell
(Data received local registrar) (Registrar's signature) 40

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1948 hour 7 minute 10 a. M.

21. I hereby certify that I attended the deceased from 1943 to Sept 20, 1948,
that I last saw him alive on September 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 8 hr
Duration

Due to _____

Due to _____

Other conditions Angina Pectoris 5 yr
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy PHB
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature M. J. Therman (M. D. or other) MD

Address Gainesville, Mo Date signed 9/20/48

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

RECEIVED

District Health Officer No. 6,

District File Number 948-1095

Date Filed SEP 28 1948

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.....

Charles R. Fish....., Registered Apprentice No. 45
working under my personal supervision.

Signed C A Roof.....

Licensed Embalmer No. 3044

P. O. Address Gainesville Missouri

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.