

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12002

FILED MAY 13 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. _____

3630
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If condition: residence before death: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Clair</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Clair, Mo</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair Mo</u>			

3. NAME OF DECEASED (Type or Print) <u>Martha June Spradling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-49</u>	
a. (First)		b. (Middle) or (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH <u>4-13-1869</u>
9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months <u>17</u>	11. UNDER 4 HRS. Hours <u>10</u> Min. <u>17</u>	9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hand weaver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hand weaver</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rein Wappler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>George</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Spradling</u> ADDRESS <u>St. Clair Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Arteriosclerotic Psychosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Arteriosclerotic</u>		306X 7 yrs	

19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-8-49 to 4-9-49, that I last saw the deceased alive on 4-8-49 and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Mitchell</u> (Dress or title)		23b. ADDRESS <u>St. Clair Mo</u>		23c. DATE SIGNED <u>4-11-49</u>	
24a. BURIAL OR CREMATION (Specify) <u>Burial</u>		24b. DATE <u>4-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Mans.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Clair Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>4-11-49</u>		24f. REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherwood Mitchell</u> ADDRESS	
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(Licensed Embalmer)

RECEIVED
District Health Officer No. 9,
District File Number
MAY 12 1949
Date Filed

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 _____
Student Embalmer

Signed C. Jesse Gahr
Licensed Embalmer No. 4486
P. O. Address Sh. Clair, Miss

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.