

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14965

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>584</u>					
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>De Kalb-32</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>24 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u>		2 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist</u>				d. STREET ADDRESS (If rural, give location) <u>Water St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>William</u>		c. (Last) <u>Spaht</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 25 1949</u>					
5. SEX <u>MO</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7/15 1876</u>					
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Eng.</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wab.</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Charles Spaht</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Klinc</u>					
14. NAME OF HUSBAND OR WIFE <u>Luce Spaht</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>346-09-8264</u>					
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy Spaht</u>				ADDRESS							
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* (a) <u>Heart Disease Hypertension</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>443X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		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 <u>May 3</u> , 19 <u>49</u> , to <u>May 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 24</u> , 19 <u>49</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Dr. J. D. ...</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>5-25-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairport Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairport Mo.</u>					
DATE REC'D BY LOCAL REG. <u>May 26, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas ... Pattersonburg Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MAR 1 2 1958

MAR 2 4 1958

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.

Signed Robert V. Sunkern

Signed _____
Student Embalmer

Licensed Embalmer No. 4582

P. O. Address Pattersonburg, Md.

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.