

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14966

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 516

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</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>53 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	d. STREET ADDRESS (If rural, give location) <u>110 North 16th</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Elizabeth</u> b. (Middle) _____ c. (Last) <u>Spindler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5/2/49</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10/24/1894</u>
9. AGE (In years last birthday) <u>54</u>		10. MONTHS <u>5</u> 11. DAYS <u>2</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homat home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Forest City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lee Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Sutton</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert E. Spindler, Sr.</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert E. Spindler, Sr.</u> ADDRESS <u>St. Joseph</u>			
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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>Cardiac Failure</u> Mo ANTECEDENT CAUSES DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>Myocardial insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS <u>Pneumonia, Malnutrition gen.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>501X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) _____		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 4-28, 1949, to 5-2, 1949, that I last saw the deceased alive on 5-2, 1949, and that death occurred at 6:07 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Robert W. Kieber M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5-3-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 11, 1949</u>		REGISTRAR'S SIGNATURE <u>G. G. Jenkins</u>		382 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester Bowman Funeral</u> ADDRESS <u>St. Joseph, Mo.</u>		None	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Kuba 542 2-5853

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 Eugene Wood

Licensed Embalmer No. 3204

P. O. Address 319 56 10th St. Joseph, 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.