

No. 300
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FILED JUN 9 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16828

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5922		Registrar's No. 127	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia (Bourling Green) Life				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia Bourling Green town?			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural R.F.D. 5				d. STREET ADDRESS (If rural, give location) Rural R.F.D. 5			
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) MARIA c. (Last) Spaits				4. DATE OF DEATH (Month) (Day) (Year) May 30 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)		8. DATE OF BIRTH July 17-1859	
9. AGE (In years last birthday) 89		10. MONTHS 10		11. DAYS 13		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Charles Spaits				13b. MOTHER'S MAIDEN NAME Katherine Nicholas		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Miss Myrtle Spaits, 3517 Indiana, Kansas City, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asplenic leukemia & arthritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH ?			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR? ✓	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 2-6-1946, to 5-30-1949, that I last saw the deceased alive on 3-4-1948, and that death occurred at 5-6 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alfred E. Murren M.D.				23b. ADDRESS 11164 Sedalia Mo		23c. DATE SIGNED 6-1-49	
24a. BURIAL/CREMATION/REMOVAL (Specify) Burial		24b. DATE 6-1-49		24c. NAME OF CEMETERY OR CREMATORY Smithton cemetery		24d. LOCATION (City, town, or county) (State) Smithton Mo	
DATE REC'D BY LOCAL REG. 6-1-49		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE 251 McLaughlin Bros		ADDRESS Sedalia	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-8-49

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3153

P. O. Address Salina

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.