

FILED AUG 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 23889

65250-48

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 41

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY OR TOWN <u>De Soto</u>		c. CITY OR TOWN <u>De Soto</u> 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 E. Rankin</u>		d. STREET ADDRESS (If rural, give location) <u>402 Rankin</u> 2	

3. NAME OF DECEASED (Type or Print) <u>JOYCE ANN SPANGLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7, 1949</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 26, 1948</u>	9. AGE (In years) (Month) (Day) <u>0 9 11</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>De Soto Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Spangler</u>	13b. MOTHER'S MAIDEN NAME <u>Reva Wash</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Spangler</u> ADDRESS <u>De Soto Mo</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		INTEL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7 days</u> <u>unknown</u> <u>5710</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>morassmus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>diarrhea - cause ruled</u> DUE TO (c) <u>Bronchio - pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6 Aug, 1949, to 7 Aug, 1949, that I last saw the deceased alive on 7 Aug, 1949, and that death occurred at 8:18 P.M., from the cause and on the date stated above.

23a. SIGNATURE <u>Harold V. McPhistery M.D.</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>7 Aug 49</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerville</u>	24d. LOCATION (City, town, or county) (State) <u>Centerville Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/7/49</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u> 146	25. FEDERAL DIRECTOR'S SIGNATURE <u>Benjamin H. La Bonne</u> ADDRESS <u>De Soto Mo</u>
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District File Number  
District Health Officer No. 9  
AUG 10 1949  
RECEIVED

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. 3706

P. O. Address \_\_\_\_\_

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.