

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24282

State File No.

FILED AUG 8 1949

BIRTH NO. 43603-49 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paul-Druggadoina</u>		c. LENGTH OF STAY (in this place) <u>2 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paul-Druggadoina</u>		d. STREET ADDRESS (If rural, give location) <u>78</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Spess</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>1</u> <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>7-31-49</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Jack Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Moore</u>		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 ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature - 7 months</u>			<u>7 1/2 X</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.			

19a. DATE OF OPERATION		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)	
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?	

22. I hereby certify that I attended the deceased from 7-31-, 1949, to 8-1-, 1949, that I last saw the deceased alive on 8-1-, 1949, and that death occurred at 2:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. G. Bond M.D.</u>			23b. ADDRESS <u>Hayti, Mo</u>		23c. DATE SIGNED <u>8-1-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>	
DATE REC'D BY LOCAL REG <u>8-2-49</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u> 406		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Friends</u>	

No. 300 10.48 28
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

8-49-206

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.