

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24320**

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>228</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>318 W. 10th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 W. 10th</u>				d. STREET ADDRESS (If rural, give location) <u>318 W. 10th</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>			b. (Middle) <u>Theresa</u>			c. (Last) <u>Spaits</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 - 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 16 - 1871</u>	
9. AGE (In years last birthday) Months Days <u>78 4 22</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Manitowish</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. Spaits</u>			13b. MOTHER'S MAIDEN NAME <u>Regina FitzKarr</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>Miss Myrtle Spaits</u>		ADDRESS <u>Kansas City, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>apoplexy, cerebral</u>						<u>6 hrs</u>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>						<u>2 yrs</u>	
		DUE TO (c) <u>Nephritic parenchymatous</u>						<u>6 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>U42X</u>	
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 <u>March</u> 19 <u>49</u> , to <u>July 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>49</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas. D. DeHorn, M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>			23c. DATE SIGNED <u>7/10/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-11-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>251 McLaughlin Bros</u>		ADDRESS <u>Sedalia Mo</u>		

Mo

RECEIVED JUL 18

District Health Officer No. 8,

District File Number -----

Date Filed 7-19-49

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.

Student -----  
Student Embalmer

Signed K.P. McLeary

Licensed Embalmer No. 31538

P. O. Address Sidation

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.

AM