

29732

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10.48

FILED SEP 22 1949

State File No. ....

27  
1  
2  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Co</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>MARGARET - JOSEPHINE - SPAEDY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4, 1949</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>March 17, 1880</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Hoff</u>		13b. MOTHER'S MAIDEN NAME <u>Bena Felten</u>	
14. NAME OF HUSBAND OR WIFE <u>John Spady</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>5</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John H. Spady</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme Malnutrition</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>20.65</u>	
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>Sept 2</u> , 19 <u>49</u> , to <u>Sept 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 4</u> , 19 <u>49</u> , and that death occurred at <u>12:20</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. T. Humphreys M.D.</u>		23b. ADDRESS <u>Boonville, Missouri</u>	
23c. DATE SIGNED <u>Sept. 4, 1949</u>		24a. BURNING, CREMATION, BURIAL, REMOVAL (Specify)	
24b. DATE <u>Sept. 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Missouri</u>		DATE REC'D BY LOCAL REG. <u>Sept. 5, 1949</u>	
REGISTRAR'S SIGNATURE <u>D. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Painter</u>	
381		ADDRESS <u>Pilot Grove, Mo.</u>	

RECEIVED SEP 12  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

DEC 21 1951

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 \_\_\_\_\_

*Robert L. Painter*

Licensed Embalmer No. \_\_\_\_\_

*4069*

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

*Pilot Grove, 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.