

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33500

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5428</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (RURAL) <u>BOONE</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (RURAL) <u>BOONE</u>		d. STREET ADDRESS (If rural, give location) <u>SULLIVAN, MO. R.R. 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOONE TWS.</u>								
3. NAME OF DECEASED (Type or Print) <u>DANIEL SPINDLER</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>SEPT. 24 1949</u>		(Month) (Day) (Year)			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 13, 1870</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>SAMUEL SPINDLER</u>			13b. MOTHER'S MAIDEN NAME <u>BARBARA SCHOFFENER</u>			14. NAME OF HUSBAND OR WIFE <u>MATILDA SPINDLER</u>		
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>H. D. SPINDLER</u>			
ADDRESS <u>SULLIVAN, MO</u>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia due to</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertrophied Prostate</u> <u>yes.</u>				
DUE TO (c) _____				19. DATE OF OPERATION _____				
II. OTHER SIGNIFICANT CONDITIONS				20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>				
Conditions contributing to the death but not related to the disease or condition causing death. <u>General arteriosclerosis</u>				19a. DATE OF OPERATION _____				
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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) _____		21d. (COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>6/20, 1949</u> to <u>9/24, 1949</u> , that I last saw the deceased alive on <u>9/10, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>John J. de la Torre M.D. Sherman, Mo.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>9/26/49</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FRANKLIN CO. MO.</u>		
DATE REC'D BY LOCAL REG. <u>9-26-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED
OCT 29 1949
OFFICE NO. 9

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 _____

T. A. HUMPHREY

Student Embalmer No. 316

working under my personal supervision.

Signed T. A. Humphrey
Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Sullivan, 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.