

FILED OCT 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34656

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 349

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>Sadalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sadalia</u>	
c. LENGTH OF STAY (In this place) <u>12 day</u>		d. STREET ADDRESS (If rural, give location) <u>318 W. 10th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			
3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) <u>Charles</u> c. (Last) <u>Spaits</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-19-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov-3-1867</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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 _____	11. BIRTHPLACE (State or foreign country) <u>Manitowish</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Spaits</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Nicholas</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</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) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Uremic Obstruction</u> DUE TO (c) <u>Prostatic Hypertrophy, h/dx</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, Rheumatoid</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>5 Mar, 1949</u> , to <u>19 Oct, 1949</u> , that I last saw the deceased alive on <u>19 Oct, 1949</u> , and that death occurred at <u>7:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. J. Seid</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Smithton Mo</u>	
23c. DATE SIGNED <u>10/20/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-21-49</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>10-21-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deppa</u> 251	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sadalia</u>	

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

RECEIVED OCT 24
District Health Officer No. 8,
District File Number _____
Date Filed 10-25-19

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

KPM Cray

Licensed Embalmer No. 31530

P. O. Address

Sedale, 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.