

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34863**

FILED OCT 28 1949

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

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farmington, Mo. RFD#3</u>		d. STREET ADDRESS (If rural, give location) <u>Farmington, RFD#3, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Caroline</u> c. (Last) <u>Spradling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 20, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 22, 1860</u>
9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>9</u>	11. DAYS <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Flat River, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John Cole Shannon</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Shelley</u>		14. NAME OF HUSBAND OR WIFE <u>Ambrose Taylor Spradling</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>Caroline Spradling, Rfd 3, Farmington, 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>Hyperstatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <u>Cold and senility</u>		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>522X</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) (Min.)		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>Oct. 15, 1949</u> , to <u>Oct. 20, 1949</u> , that I last saw the deceased alive on <u>Oct. 18, 1949</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. M. Stauffer</u> D. O.		23b. ADDRESS <u>Farmington, Mo.</u>	
23c. DATE SIGNED <u>10/21/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/22/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Cozean</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 21, 1949</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> ADDRESS <u>Farmington, Mo.</u>	

RECEIVED 10-24-49

District Health Officer No. 4

District File Number 1049-1412

Date Filed _____

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 _____

C. H. Cozian

Licensed Embalmer No. 4084

P. O. Address Stamington

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.