

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40371

State File No. _____

FILED JAN 7 1950

BIRTH NO. _____		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4060</u>		Registrar's No. <u>54</u>		
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brockenridge</u>		c. LENGTH OF STAY (In this place) <u>45 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brockenridge</u>		13 <u>13</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home - 1st House So. 2 lumber plant.</u>				d. STREET ADDRESS (If rural, give location) <u>No Street address</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Sampson</u> c. (Last) <u>Spidle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1949</u>					
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>July 30 1871</u>		
9. AGE (In years last birthday) <u>78</u>		Months <u>4</u>		Days <u>16</u>		Hours <u>-</u> Min. <u>-</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, (Specify)) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob Spidle</u>			13b. MOTHER'S MARRIAGE NAME <u>Martha Null</u>		13c. NAME OF HUSBAND OR WIFE <u>Rhoda Isabel Spidle</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or other than) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rhoda I Spidle</u> ADDRESS <u>Brockenridge</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drunk & fell in his yard with a heart condition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7952</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? <u>near front door</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12-30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J.W. Webb M.D.</u>				23b. ADDRESS <u>Brockenridge Mo</u>		23c. DATE SIGNED <u>12-18-49</u>		
24a. BURIAL, CREMATION, DATE OF REMOVAL (Specify) <u>Burial Dec 18 1949</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Woods Hill Cemetery</u>		24c. LOCATION (City, town, or county) (State) <u>Brockenridge Mo</u>				
DATE REC'D BY LOCAL REG. <u>Dec 28 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Howard Home</u>		ADDRESS <u>Harrison Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

..... Student Embalmer No.....

Signed *[Handwritten Signature]*.....

..... Licensed Embalmer No. *3052*.....

..... P. O. Address *Donalton, 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.