

FILED AUG 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27428

560

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4282 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY OR TOWN Monticello		c. CITY OR TOWN Monticello 0560	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARION b. (Middle) MILLER c. (Last) SPICKNALL	4. DATE OF DEATH (Month) (Day) (Year) AUG 18 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH APRIL 5 1872	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months 4 Days 13	11. UNDER 6 Mths. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING	11. BIRTHPLACE (State or foreign country) LABELLE MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John M. Spicknall	13b. MOTHER'S MAIDEN NAME Lyda FRY	14. NAME OF HUSBAND OR WIFE MATTIE SPICKNALL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Lyda Spicknall	ADDRESS Monticello
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			422.?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1946, to Aug 18, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. C. E. Todd	(Degree or title) D.O.	23b. ADDRESS Williamstown Mo	23c. DATE SIGNED 8/19/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21 1950	24c. NAME OF CEMETERY OR CREMATORY Lewis town	24d. LOCATION (City, town, or county) Lewis town (State) Mo
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DATE REC'D BY LOCAL REG. 8-24-50	REGISTRAR'S SIGNATURE P. St. Jennings M. D.	25. FUNERAL DIRECTOR'S SIGNATURE James Alexander	ADDRESS Lewis town Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **AUG 28 1950**
DISTRICT HEALTH OFFICE #2
District File Number **8-30-1386**
Date Filed: **AUG 30 1950**

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 Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed James R. Coder

Licensed Embalmer No. 2537

P. O. Address Lewistown, Pa.

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.