

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36153**

FILED DEC 12 1950

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **313**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY OR TOWN Columbia		c. CITY OR TOWN Paris	
c. LENGTH OF STAY (in this place) 3 wks		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			

3. NAME OF DECEASED (Type or Print) MARTHA	a. (First)	b. (Middle)	c. (Last) SPIRES	4. DATE OF DEATH (Month) (Day) (Year) Dec 7-1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-27-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 4 Days 10	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Monroe Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elzeas Dwy	13b. MOTHER'S MAIDEN NAME Virginia Wright	14. NAME OF HUSBAND OR WIFE James Spires
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or date of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Aris L Spires	ADDRESS Columbia
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 **11-15, 1950**, to **12-7, 1950**, that I last saw the deceased alive on **12-6, 1950**, and that death occurred at **6:45** m., from the causes and on the date stated above.

23a. SIGNATURE Ronald P. Saderson M.D. (Degree or title)	23b. ADDRESS 16 N. 10th Columbia	23c. DATE SIGNED 12-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Dec 9/1950	24c. NAME OF CEMETERY OR CREMATORY Woodmont Grove	24d. LOCATION (City, town, or county) (State) Paris, Mo
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DATE REC'D BY LOCAL REG. Dec 7 1950	REGISTRAR'S SIGNATURE Mrs R E Palmer	31	FUNERAL DIRECTOR'S SIGNATURE Dr. Charles Thompson	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
04
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 18 1950

RECEIVED 12/11/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/11/50

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.

Student Embalmer No. _____

Signed *Mrs. Fred A. Brown*

Signed _____
Student Embalmer

Licensed Embalmer No. 3282

P. O. Address *Washington DC*

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.