

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39076
Registrar's No. 8800

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Connecticut b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Danielson 8060	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) ----- 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Mowry c. (Last) Spalding			4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1950		
5. SEX U male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH Oct. 16, 1930		9. AGE (In years last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	
11. BIRTHPLACE (State or foreign country) Weston, Mass.		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	

13a. FATHER'S NAME Jacob L. Spalding		13b. MOTHER'S MAIDEN NAME Frances Upham		14. NAME OF HUSBAND OR WIFE nil---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes present		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob L Spalding Danielson, Conn.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Not determined</i> 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
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>795.5</i>	

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 *905 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patricia E Taylor Larson</i> (Degree or title)		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>10/17/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>10-18-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Danielson, Conn.</i>	

DATE REC'D BY LOCAL REG. <i>Oct 17 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Sarsater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe 4700 Washington</i>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address St Louis 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.