

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40183**

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>286</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>78 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>0264</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>517 E. Capitol</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>Lellie O. Spaunhorst</u>		a. (First)	b. (Middle)	c. (Last)
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>July 29, 1869</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>own</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u> IF UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Osage Co.? Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William C. Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. McCann</u>		14. NAME OF HUSBAND OR WIFE <u>Louis F. Spaunhorst</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Arnold Schnieder Jefferson City</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hyperglycemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Dec 13 to 16 / 1950</u> <u>331A</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>
22. I hereby certify that I attended the deceased from <u>Dec 13, 1950</u> , to <u>Dec 16, 1950</u> , that I last saw the deceased alive on <u>Dec 16, 1950</u> , and that death occurred at <u>12:45</u> a. m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Mr R. Aldridge M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>Dec 17, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>
DATE REC'D BY LOCAL REG. <u>Dec 19-1950</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis M.D. - M.R.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City Missouri</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buschka</u>		ADDRESS <u>Jefferson City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

12/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 12-27-50

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. 389

Signed Billy Lloyd Sheekford
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.