S. No. 300
EV. 10-48

0874

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21023

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 6003 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paxwood
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3904 New London Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paxwood 0874
d. STREET ADDRESS (If rural, give location): 3904 New London Road

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) V. c. (Last) Sanspill
4. DATE OF DEATH (Month) May (Day) 6 (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-13-1889
9. AGE (In years last birthday): 61 If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MO. U
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: SAM WYBRANT
13b. MOTHER'S MAIDEN NAME: SALLY TOWLES
14. NAME OF HUSBAND OR WIFE: WALTER W. SANSPILL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Walter W. Sanspill ADDRESS: Hannibal

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) Ca of colon left kidney — INTERVAL BETWEEN ONSET AND DEATH

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. Cachexia 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____ *1949, to* May 6, *1951, that I last saw the deceased alive on* May 6, *1951, and that death occurred at* 8 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: John Penhman (Degree or title) MD
23b. ADDRESS: 1001 Bdwy Hannibal Mo.
23c. DATE SIGNED: 5/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-9-1951
24c. NAME OF CEMETERY OR CREMATORY: GRAND VIEW CEMETERY
24d. LOCATION (City, town, or county) (State): HANNIBAL MO.

DATE REC'D BY LOCAL REG.: 5-10-51
REGISTRAR'S SIGNATURE: N. A. Waters
25. FUNERAL DIRECTOR'S SIGNATURE: Ralph Clark ADDRESS: Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SANIR PILL

RECEIVED JUN 18 1951
MARION CO. HEALTH DEPT.
DATE FILED JUN 18 1951

Date Received: JUN 11 1951
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed

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 Ralph Clark Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.