

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22180

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 750

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity. <u>0370</u>	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Iona b. (Middle) Mae c. (Last) Spalding			4. DATE OF DEATH (Month) (Day) (Year) July 10 51		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH May 1 1941		9. AGE (In years last birthday) 9		10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) 11 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lo Roy Spalding		13b. MOTHER'S MAIDEN NAME Ruth Moore		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lo Roy Spalding, Amity, Missouri.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation		DUE TO (b) Surgical Shock		2 min.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) -		48 min.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5501	

19a. DATE OF OPERATION 7-10-51		19b. MAJOR FINDINGS OF OPERATION Acute Suppurative Appendicitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 7-10, 1951, to 7-10, 1951, that I last saw the deceased alive on 7-10, 1951, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 823 Faron - St. Joseph		23c. DATE SIGNED 7-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-1951		24c. NAME OF CEMETERY OR CREMATORY Amity Cemetery	
				24d. LOCATION (City, town, or county) (State) Amity, Missouri.	

DATE REC'D BY LOCAL REG. July 19, 1951		REGISTRAR'S SIGNATURE Carl C. Cashto		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Bram, Maysville, Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

EST. C.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 76342

working under my personal supervision.

Student
Student Embalmer

Signed *John Brown*
Licensed Embalmer No. 3933

P. O. Address *Maysville 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.