

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Dr. Stahl 30018
 State File No. 769

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

0396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Rural, S. Campbell	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2299 E. Grand		d. STREET ADDRESS (If rural, give location) 2299 E. Grand Twp	
3. NAME OF DECEASED (Type or Print) a. (First) Spurgeon Sylvester b. (Middle) Spitzer c. (Last) Spitzer			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6. 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29 1896
9. AGE (In years last birthday) 55		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Forsyth, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John J. Spitzer		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Helen Spitzer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) Yes (If yes, give grade or dates of service) W.W. # I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Spitzer Springfield, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Hypertension INTERVAL BETWEEN ONSET AND DEATH 4 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Atherosclerosis 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"/>
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?	
22. I hereby certify that I attended the deceased from Mar. 1951 to Sept. 6, 1951 , that I last saw the deceased alive on Sept. 6, 1951 , and that death occurred at 9:20 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Fred A. Stahl, M. D.		23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 9-7-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/10/51	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
DATE REC'D BY LOCAL REG. 9/8/51	REGISTRAR'S SIGNATURE W E Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.	

OCT 16 1952

corp. ...

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Frederick Swalley*

12 1 1952

Licensed Embalmer No. _____

P. O. Address _____

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.