

STANDARD CERTIFICATE OF DEATH

WED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 936

39 (6)

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 Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Monett, Mo.	
c. LENGTH OF STAY (In this place) 3 Weeks		d. STREET ADDRESS (If rural, give location) 106 County	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Franklin c. (Last) Spilman			4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-25-1855	9. AGE (In years last birthday) 95 if UNDER 1 YEAR Months 10 if UNDER 12 HRS. Days 6 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Lawrence Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Nathan C. Spilman		13b. MOTHER'S MAIDEN NAME Emily Pruitt		14. NAME OF HUSBAND OR WIFE Nellie Spilman			
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H.P.S. Burke Monett, Mo.			
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3-7 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatectomy - post operative			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
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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?
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22. I hereby certify that I attended the deceased from **10-10, 1951**, to **10-29, 1951**, that I last saw the deceased alive on **10-31, 1951**, and that death occurred at **2:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE Home C. Marshall M.D.		23b. ADDRESS Professional Bldg		23c. DATE SIGNED 10-31-51	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 11-4-1951		24c. NAME OF CEMETERY OR CREMATORY Pierce City Cemetery		24d. LOCATION (City, town, or county) (State) Pierce City, Missouri	
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DATE REC'D BY LOCAL REG. 11-2-51		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MERCER FUNERAL HOME Monett, Mo.			
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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

Roy A. Mercer

..... Licensed Embalmer No. 4432.....

P. O. Address Monett, Missouri.....

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.