

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 4222

4222

FILED FEB 25 1952

REG. DIST. NO. 52

PRIMARY REG. DIST. NO. 5181

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Apple Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Apple Creek Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Friedheim No P 1</u>		d. STREET ADDRESS (If rural, give location) <u>Friedheim No P #1 0160</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Threns</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21 1952</u>	
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct 23 1875</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau County U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Henry Rhovens</u>	
14. MOTHER'S, MAIDEN NAME <u>Friedricka Wagner</u>		15. NAME OF HUSBAND OR WIFE <u>Walter Eugene Spauling</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. SOCIAL SECURITY NO. <u>none</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. Jacob Jackson</u>		19. ADDRESS <u>no</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			
ANTECEDENT CAUSES			
DUE TO (b) <u>Paralysis</u>			
DUE TO (c) <u>Hypertension</u>			
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"/>		443X	
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 <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 <u>Jan 1st</u> , 1952, to <u>Feb 21st</u> , 1952; that I last saw the deceased alive on <u>Feb 20th</u> , 1952, and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Crites</u> (Degree or title)		23b. ADDRESS <u>Adrianville Mo</u>	23c. DATE SIGNED <u>4-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 24 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rehoboth Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Co Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 22 52</u>	REGISTRAR'S SIGNATURE <u>D. G. Smith</u>	FUNERAL DIRECTOR'S SIGNATURE <u>McLomb Jackson</u> ADDRESS <u>no</u>	

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.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address Jackson

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.