

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12157**
Registrar's No. **168**

Post
FILED APR 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		<u>0124</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>2329 Perkins Drive</u>			
3. NAME OF DECEASED (Type or Print) <u>Eugene Sisco</u>		a. (First)	b. (Middle) <u>McSpadden</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1952</u>	
5. SEX <u>Mael</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 31, 1900</u>	9. AGE (in years last birthday) <u>51</u>	F UNDER 1 YEAR <u>8</u>	F UNDER 1 WEEK <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Batesville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas A. McSpadden</u>		13b. MOTHER'S MAIDEN NAME <u>May Catherine Sisco</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lee McSpadden</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Type 26 1922</u>		16. SOCIAL SECURITY NO. <u>494-03-7487</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E.S. McSpadden Poplar Bluff, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>M24 6 1927</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chest surgery left lung removed to be carcinoma</u> Conditions contributing to the death but not related to the disease or condition causing death <u>Performed at Dealey Hosp. St. Louis, Mo.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 Days</u> <u>1 wk.</u> <u>163X</u>	
19a. DATE OF OPERATION <u>26 Feb 52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left lung, Dissected thru 9th rib</u>					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>26 Jan, 1952</u> , to <u>31 Mar, 1952</u> , that I last saw the deceased alive on <u>29 Mar, 1952</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Conrad A. Post M.D.</u>		(Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>7 Apr 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Campground Batesville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Batesville, Ark.</u>		
DATE REC'D BY LOCAL REG. <u>Apr 7 1952</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>		

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

RECEIVED
APR 15 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-206

AUG 27 1952

2. 0. 08. 1952

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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 Wallace R Knight

Licensed Embalmer No. 45140

P. O. Address 412 Vine Street

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.