

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4370 State File No. 17386
131

JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3008 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <i>Lodoway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jay</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Clearmont</i> c. LENGTH OF TOWNSHIP <i>2 1/2</i> (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Clearmont</i> 8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Kellie Nursing Home</i>		d. STREET ADDRESS (If rural, give location) <i>8</i>	

3. NAME OF DECEASED a. (First) <i>Spittle</i> b. (Middle) <i>Estelle</i> c. (Last) <i>Read</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 13-52</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb-9-1877</i>	9. AGE (In years) (Months) (Days) <i>75 02 14</i>	10. UNDER 24 HRS. <i>14</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Clearmont Iowa</i>	
13a. FATHER'S NAME <i>Charles Read</i>		13b. MOTHER'S MAIDEN NAME <i>Spittle Myers</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>None</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. M. Whelan</i>		ADDRESS <i>Clearmont Mo</i>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Information taken from hospital records</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebro-vascular occlusion</i>		<i>2 days</i>
	DUE TO (c) <i>Cerebral arteriosclerosis</i>		<i>3 yrs</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility, Arthritic, Deforman</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>352x</i>	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 *Dec 1949*, to *May 23, 1952*, that I last saw the deceased alive on *May 23, 1952*, and that death occurred at *10450 m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Margaret Ford M.D.</i>	23b. ADDRESS <i>Clearmont</i>	23c. DATE SIGNED <i>May 31-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>May 20 1952</i>	24b. DATE <i>5/26/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Clearmont</i>
24d. LOCATION (City, town, or county) (State) <i>Clearmont Ia</i>		

DATE REC'D BY LOCAL REG. <i>6-7-52</i>	REGISTRAR'S SIGNATURE <i>Bess Holtz</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W.O. Parsons</i>	ADDRESS <i>E 1180 Clearmont</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

W. O. Carson

Licensed Embalmer No. *1180*

P. O. Address *Essex Ia.*

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.