

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28741

State File No.

SEP 13 1952

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5752 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>SACO</u> (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY OR TOWN <u>SACO</u> (If outside corporate limits, write RURAL and give township) <u>Bellevue Mills Prop</u>	
c. LENGTH OF STAY (In this place) <u>55 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SACO, MISSOURI</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 7, 1952</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ZENA</u>		b. (Middle) <u>ARIZONA</u>		c. (Last) <u>DE SPAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 7, 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 9, 1867</u>	
9. AGE (In years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William H. Lewallen</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Graves</u>		14. NAME OF HUSBAND OR WIFE <u>John Henry Spain</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emuel Street</u>		ADDRESS <u>SACO, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (d) _____	
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) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Madison Co, MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:21</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from May, 1952, to Sept, 1952, that I last saw the deceased alive on Sept 4, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

22a. SIGNATURE O. A. Myers M.D. (Degree or title) 23b. ADDRESS Caldwate, Mo. 23c. DATE SIGNED 9/7/52

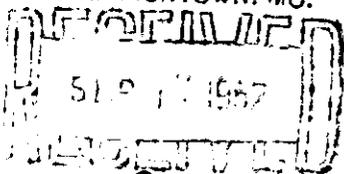
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-9-52 24c. NAME OF CEMETERY OR CREMATORY Saco Cemetery 24d. LOCATION (City, town, or county) (State) Saco, Missouri.

DATE REC'D BY LOCAL REG. 9-8-1952 REGISTRAR'S SIGNATURE Florence Hicks 25. FUNERAL DIRECTOR'S SIGNATURE Sam Dajim, Jr. Fredenilton Mo. ADDRESS _____

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

10. 20

MICHIGAN DEPT. OF HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 952-50

SEP 25 1957

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Federicktown Mo

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.