

No. 300 FILED SEP 16 1952 10.48

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31114

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 93

272
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville		c. CITY (If outside corporate limits, write RURAL and give township) Boonville 0272	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 930 Locust St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Haas Convalescent Home			

3. NAME OF DECEASED (Type or Print) Ida	a. (First)	b. (Middle) Spieler	c. (Last) Farris	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 6 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cooper County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME F. Ernest Spieler	13b. MOTHER'S MAIDEN NAME Elizabeth Young	14. NAME OF HUSBAND OR WIFE J. E. Farris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mr. Oscar Spieler, Boonville, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolic by endocarditis. DUE TO (c) Chronic arteritis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 hours
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19a. DATE OF OPERATION None	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) _____ m.	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 Aug 16, 1952, to Sept 5, 1952, that I last saw the deceased alive on Sept 5, 1952, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Helen Weaver, M.D.	23b. ADDRESS Boonville, Missouri	23c. DATE SIGNED 9.8.52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8 1952	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri.
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DATE REC'D BY LOCAL REG. 9-8-52	REGISTRAR'S SIGNATURE Dr. Hooper 385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, 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

G. F. Bolter

Licensed Embalmer No. *3062*

P. O. Address *Boonville, 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.