X
S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1953

5219 State File No. 41766

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5129 Registrar's No. 192

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camp Branch Twp - Pleasant
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi N.W. of Garden City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton 0422
d. STREET ADDRESS (If rural, give location): 108 West Allen St.

3. NAME OF DECEASED (Type or Print)
a. (First): MARGUERITE
b. (Middle): MONTGOMERY
c. (Last): SPACKLER

4. DATE OF DEATH (Month) (Day) (Year): Dec 24 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 14 - 1932
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Walter D Spackler
13b. MOTHER'S MAIDEN NAME: Lucile Montgomery
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-36-9269
17. INFORMANT'S SIGNATURE OR NAME: Mrs Walter D. Spackler — ADDRESS: Clinton Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE, SKULL — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ E 816.4 26

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MULTIPLE CONTUSIONS

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 35
21c. (CITY, TOWN, OR TOWNSHIP): Garden City 013 (COUNTY): Cass (STATE): Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 24 1952 6:30 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? TWO CARS Collided head on

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE: O B Burger (Degree or title) Coroner MD
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: Dec. 25 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 27-1952
24c. NAME OF CEMETERY OR CREMATORY: Teays Chapel Cemetery
24d. LOCATION (City, town, or county): Montrose (Rural) (State): Mo

DATE REC'D BY LOCAL REG.: Dec 28 1952
REGISTRAR'S SIGNATURE: Dora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE: Runnenburgers — ADDRESS: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 3
COUNTY
HEALTH DEPARTMENT

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JAN 3
COUNTY
HEALTH DEPARTMENT

JUL 23 1954

JAN 8 1953

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 Ernest Nunnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.