

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44357

State File No.

FILED JAN 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6234 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Indiana</u> b. COUNTY <u>Unk.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marthasville</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freelandville</u> <u>8130</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmaus Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) c. (Last) <u>Spanger Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1952</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>May 27, 1879</u>		9. AGE (In years last birthday) <u>73</u>	if UNDER 1 YEAR Months Days	if UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Freelandville, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Spanger</u>			13b. MOTHER'S MAIDEN NAME <u>Louis Wehmeier</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John G. Ruby Marthasville, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr Nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Prostate inflammation</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>3 weeks</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>July 31, 1952</u> , to <u>Dec 25, 1952</u> , that I last saw the deceased alive on <u>Dec 24, 1952</u> , and that death occurred at <u>1:30 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. D. Marthasville MD</u>				23b. ADDRESS <u>Freelandville, Indiana</u>			23c. DATE SIGNED <u>12/26/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freelandville, Indiana</u>		24d. LOCATION (City, town, or county) (State) <u>Freelandville, Indiana</u>				
DATE REC'D BY LOCAL REG. <u>12/26/52</u>		REGISTRAR'S SIGNATURE <u>W. D. Marthasville</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. D. Marthasville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Almont H. Lichtenberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.