No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5572

State File No. .....

FILED FEB 25 1953

BIRTH NO. ..... REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4204 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laredo
c. LENGTH OF STAY (In this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laredo 0400
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle):
c. (Last): Spainhour

4. DATE OF DEATH (Month) (Day) (Year): 2-20-53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 17 1883
9. AGE (In years last birthday): 69 — If under 1 year: Months 2, Days 2 — If under 24 hrs.: Hours, Min.
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 (City and State or Foreign Country): Princeton Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Israel Moshdike Harrington
13b. MOTHER'S MAIDEN NAME: Elizabeth Waltz
14. NAME OF HUSBAND OR WIFE: John Henry Spainhour
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Sylvia Bowl — ADDRESS: Laredo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Congestive Heart Failure — 2 years

DUE TO (c): Malignant Hypertension — 15-20 years

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 441X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 19 52, *to* Feb, 19 53, *that I last saw the deceased alive on* Feb 14, 19 53 *and that death occurred at* 1145 *m., from the causes and on the date stated above.*

23a. SIGNATURE: G. W. Eitel (Degree or title): D.O. — **23b. ADDRESS**: Galt Mo — **23c. DATE SIGNED**: Feb 20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/24/1953
24c. NAME OF CEMETERY OR CREMATORY: Plainview Cemetery
24d. LOCATION (City, town, or county): Chula — (State): Mo

DATE REC'D BY LOCAL REG.: 2-22-53
REGISTRAR'S SIGNATURE: Irene Jones
25. FUNERAL DIRECTOR'S SIGNATURE: E.J. Robertson Funeral Home — **ADDRESS**: Laredo

(Licensed Embalmer's Statement on Reverse Side)

11 25 PM

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.