S. No. 300
v. 10.48

FILED APR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16717

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 89

0972
0

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitz Gibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grand Pass Twp 0970
d. STREET ADDRESS (If rural, give location): Village of Grand Pass, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Amanda b. (Middle) Keys c. (Last) Spotts

4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Mar. 29. 1894
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months - Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching school & Part mistress
10b. KIND OF BUSINESS OR INDUSTRY: School & Part Mistress
11. BIRTHPLACE (State or foreign country): East of Marshall Mo 9 miles
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John W. Keys
13b. MOTHER'S MAIDEN NAME: Susan Ayres
14. NAME OF HUSBAND OR WIFE: Chas. T. Spotts (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME: Miss Allouezé Keys — ADDRESS: West Springs 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): Chronic Nephritis c Anuria — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardio-Vascular Disease — 4 yrs.
DUE TO (c):

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
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* April 14, 1953, *to* April 22, 1953, *that I last saw the deceased alive on* April 22, 1953, *and that death occurred at* 7:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robt W Kennedy (Degree or title): M.D.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 4-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-25-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Nebo Cemetery
24d. LOCATION (City, town, or county): Grand Pass (State): Mo.

DATE REC'D BY LOCAL REG.: 4-23-1953
REGISTRAR'S SIGNATURE: Sidney T Gray 385-0
25. FUNERAL DIRECTOR'S SIGNATURE: Marshall Funeral Home — ADDRESS: Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R. M. Marshall

Signed.....
Student Embalmer

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.