

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32535

FILED OCT 5 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Osage</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage</u> c. LENGTH OF STAY (If this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Folk,</u>	
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3. NAME OF DECEASED (Type or Print) <u>William Spellerberg</u>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 18 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1953</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) <u>MO.</u>
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13a. FATHER'S NAME <u>Frank Spellberg</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Backus</u>	14. NAME OF HUSBAND OR WIFE <u>Mary (Toppel) Spellerberg</u>
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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. *	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Spellerberg</u> <u>Folk, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 _____, 19____, to Sept. 18, 1953, that I last saw the deceased alive on Sept. 17, 1953, and that death occurred at 5:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rose Rowan M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>Sep 22, '53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept. 21, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface</u>	24d. LOCATION (City, town, or county) (State) <u>Koeltztown Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Rose Rowan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedge</u> <u>Meta, Mo.</u>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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..... *Walter P. Nudges*

Signed.....

Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address *Sherris, 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.