

STANDARD CERTIFICATE OF DEATH

State File No. **38083**

FILED NOV 10 1953

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **177**

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington, Mo		c. LENGTH OF STAY (in this place) 11-11-21	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Linsler 080		d. STREET ADDRESS (If rural, give location) Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital # 3					
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Weldon	c. (Last) Spangenberg	4. DATE OF DEATH (Month) (Day) (Year) 11-4-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-16-1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 6 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harold Spangenberg		13b. MOTHER'S MAIDEN NAME Mary Hill		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital #3 Nevada, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arterio Sclerotic heart disease	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				10 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR ---			
22. I hereby certify that I attended the deceased from 6-1- , 19 46 , to 11-4- , 19 53 , that I last saw the deceased alive on 11-3- , 19 53 , and that death occurred at 7:40 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE J.P. Bernick M.D.			23b. ADDRESS State Hospital #3		23c. DATE SIGNED 11-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 5, 1953	24c. NAME OF CEMETERY OR CREMATORY State Hospital Cemetery Nevada		24d. LOCATION (City, town, or county) (State) Missouri	
DATE REC'D BY LOCAL REG. 11-7-53	REGISTRAR'S SIGNATURE Amal J. Ferrifo		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home Nevada, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 1914

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 _____

L. Ingles Ferry

Student Embalmer No. 492

working under my personal supervision.

Student *Douglas Jones*
Student Embalmer

Signed *C. B. Ferry*

Licensed Embalmer No. 1760

P. O. Address Nevada, Missouri

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.