

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1937

State File No.

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY <u>LEWIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LA BELLE</u> | | c. CITY OR TOWN | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>XXXXX</u> | | e. STREET ADDRESS (If rural, give location) <u>2 1/4 miles west LEWISTOWN</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>DESSA</u> | b. (Middle) <u>MAY</u> | c. (Last) <u>SPATH</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 22, 1954</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>3/6/92</u> | 9. AGE (In years) (Last birthday) <u>61</u> | 10. UNDER 1 YEAR (Months) (Days) <u>10</u> <u>16</u> | 11. UNDER 1 HRS. (Hours) (Min.) |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXX</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>LEWIS COUNTY, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>J. E. PINER</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY SMOOT</u> | 14. NAME OF HUSBAND OR WIFE <u>ROBERT SPATH LEWISTOWN</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. <u>XXXXXXXXXX</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT SPATH</u> | ADDRESS <u>LEWISTOWN, MO.</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> | | <u>5 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ | | <u>5 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Apoplexy</u> | | <u>4 years</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Nov. 10, 1950 to Jan. 22, 1954, that I last saw the deceased alive on Jan. 22, 1954, and that death occurred at 5:55P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Harriet M. Bracken</u> | (Degree or title) <u>D. O.</u> | 23b. ADDRESS <u>LA BELLE, MISSOURI</u> | 23c. DATE SIGNED <u>1/24/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1/25/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>LEWISYOWN</u> | 24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>1/26/54</u> | REGISTRAR'S SIGNATURE <u>P. W. Jennings</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles A. ...</u> | ADDRESS <u>Lewistown, Missouri</u> |
|-----------------------------------------|---------------------------------------------|--------------------------------------------------------|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

560
1

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.....
Signature of Student Embalmer

Signed *Charles J. Arnold*.....

Licensed Embalmer No. 4667.....

P. O. Address LEWISTOWN, M.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.