

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16702

0720
4

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

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4341 Registrar's No. 9

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower</u> | |
| c. LENGTH OF STAY (in this place) <u>8 Months</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spires Rest Home</u> | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>Spain</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1954</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH _____ |
| 9. AGE (in years last birthday) <u>88</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Warren Co Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A..</u> | | | |
| 13a. FATHER'S NAME <u>F.A. Forderhase</u> | | 13b. MOTHER'S MAIDEN NAME <u>Minnie Mutert</u> | 14. NAME OF HUSBAND OR WIFE <u>Tom Spain (Deceased)</u> |
| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Tillie Leak Bellflower Mo.</u> |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive heart disease ?</u> DUE TO (b) _____ DUE TO (c) _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) <u>443 X</u> | |
| 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 <u>May 17, 1954</u> , to <u>May 17, 1954</u> , that I last saw the deceased alive on <u>5/17</u> , 1954, and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | 23b. ADDRESS <u>[Address]</u> | 23c. DATE SIGNED <u>5/19/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 19 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower</u> | 24d. LOCATION (City, town, or county) (State) <u>Bellflower Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>23 54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Bellflower Mo.</u> | |

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 _____

..... Me Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.