S. No. 300
v. 10.48

0380
0384

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18541

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4192 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monroe Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Ringgold
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Ayr
d. STREET ADDRESS (If rural, give location): 8140 8

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle): Belle
c. (Last): Harris ~~Spoonemore~~

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 9, 1887
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): (?) Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Marian Spoonemore
13b. MOTHER'S MAIDEN NAME: Clara Dillon
14. NAME OF HUSBAND OR WIFE: J. Clyde Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Marceline Neil-Maysville, Missouri

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) Cerebral Vascular Accidents — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — years
DUE TO (c) unknown.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid Arthritis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* May 19, 1953, *to* June 9, 1954, *that I last saw the deceased alive on* June 9, 1954, *and that death occurred at* 7 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert L. Barlin M. D.
23b. ADDRESS: Stanberry, Mo
23c. DATE SIGNED: 6-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-11-1954
24c. NAME OF CEMETERY OR CREMATORY: Isadora Cemetery
24d. LOCATION (City, town, or county) (State): Isadora, Missouri

DATE REC'D BY LOCAL REG.: June 15-1954
REGISTRAR'S SIGNATURE: Maude Williams 462
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bill Dunfee - Grant City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Bill A Dufee

Licensed Embalmer No. 4908

P. O. Address _____

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.