

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19575

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE	c. LENGTH OF STAY (In this place) 1 YR	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CATHERINE	0580
d. FULL NAME OF HOSPITAL OR INSTITUTION BUNTON CONVALESCENT HOME		d. STREET ADDRESS (If rural, give location) R. F. D. #1	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) SPIES c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) JUNE 30, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 17, 1874
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - RET	10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	11. BIRTHPLACE (State or foreign country) BROOKLYN, NEW YORK	12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME CHRISTOPHER SPIES		13b. MOTHER'S MAIDEN NAME FANNIE HARWOOD	14. NAME OF HUSBAND OR WIFE EMMA KINDLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLAUDE SPIES ST. CATHERINE, MO	
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) Acute Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION NONE		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) 447X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July 1954, to June 30, 1954, that I last saw the deceased alive on June 30, 1954, and that death occurred at 9:30 am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W.D. Simpson		23b. ADDRESS 804 Brookfield, Mo	23c. DATE SIGNED 7-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-1-54	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL	24d. LOCATION (City, town, or county) (State) BROOKFIELD, MO
DATE REC'D BY LOCAL REG. 7-1-54	REGISTRAR'S SIGNATURE Mary J. Ridgway	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WRIGHT FUNERAL HOME, BROOKFIELD, MO	

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

0580

APR 31 1966

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..... *Harold B. Wright*

Licensed Embalmer No. *3918*

P. O. Address *Brookfield, 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.