

FILED JUL 1-1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19623

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5720		Registrar's No. 250	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dallas Rural LIBERTY</u>		c. LENGTH OF STAY (In this place) <u>LIBERTY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dallas Rural 6610</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>J.</u> c. (Last) <u>Sporeen</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-54</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 <u>1-20-67</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Koschusko Co. Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Keeey</u>			13b. MOTHER'S MAIDEN NAME <u>Maitha Gales</u>			14. NAME OF HUSBAND OR WIFE <u>-</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hallis Parrish Dallas 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Senile</u> <u>Heart Disease</u> DUE TO (c) <u>General Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>32 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>6-20</u> , 1954, to <u>6-21</u> , 1954, that I last saw the deceased alive on <u>6-21</u> , 1954, and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Duesend</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>6-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-24-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macon Chapel Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/26/54</u>		REGISTRAR'S SIGNATURE <u>Auth McCreary</u>		185-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Edwards Bewies Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

~~RECEIVED~~

JUL 25 1954

RECEIVED 6.28.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.54.106
Date Filed 6.30.54

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 *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address Brewer, 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.