

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. ~~4218~~ Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hindsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hindsor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hindsor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>505 N. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BECKY</u> b. (Middle) <u>JANE</u> c. (Last) <u>SPALDING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 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>Never married</u>	8. DATE OF BIRTH <u>Oct. 10, 1954</u>	9. AGE (In years last birthday) <u>1yr 8mo 8</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 2 HRS. Hours	12. IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hindsor Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Raymond Spalding</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Ann Starbit</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Spalding</u>	18. ADDRESS <u>Hindsor Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchie</u>		DUE TO (b)		<u>48 hrs</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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 10-16, 1954, to 10-18, 1954, that I last saw the deceased alive on 10-18, 1954, and that death occurred at 5:40 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond Spalding</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>201 N. Hindsor Mo</u>	23c. DATE SIGNED <u>10-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	24d. LOCATION (City, town, or county) (State) <u>Hindsor, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 20-54</u>	REGISTRAR'S SIGNATURE <u>Florence Quinn</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>	ADDRESS <u>Hindsor Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0 5020 0

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Hindsley 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.