

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43135

State File No.

FILED JAN 11 1955

BIRTH NO. 94701-54 REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 9

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter-Liberty Twp.</u>		c. CITY OR TOWN <u>Bernie</u> Dexter	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>1030</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pamla</u> b. (Middle) <u>Jean</u> c. (Last) <u>Spitzer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Dec. 23, 1954</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or foreign Country) <u>Dexter, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Albert Spitzer</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Downs</u>	14. NAME OF HUSBAND OR WIFE <u>child</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Spitzer</u>	ADDRESS <u>Bernie, Mo. R. 1</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema - heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cystic neovascular</u> 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 <u>7620</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 12/23, 1954, to 12/24, 1954, that I last saw the deceased alive on 12/24, 1954, and that death occurred at 1 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>S. S. Davis</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Davis Hospital, Dexter</u>	23c. DATE SIGNED <u>12/27/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-4-55</u>	REGISTRAR'S SIGNATURE <u>Valeria U. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons</u>	ADDRESS <u>Dexter, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Was not embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marsh Watkins.....

Licensed Embalmer No. 477

P. O. Address Seattle, Wa

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.