

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26689

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 367

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN WEBB CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION JOPLIN GENERAL HOSPITAL		e. STREET ADDRESS (If rural, give location) 805 NORTH HALL <u>04921</u>	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) L	c. (Last) SPIELMAN	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 5 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 14, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 5 Days 21	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY	11. BIRTHPLACE (City and State or Foreign Country) IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SUTOR SPIELMAN	13b. MOTHER'S MAIDEN NAME MARY ANN HAINES	14. NAME OF HUSBAND OR WIFE MRS. EDNA SPIELMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 493-14-4512	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EDNA SPIELMAN WEBB CITY, MISSOURI
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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, asthenia, 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) acute cardiac failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) exsanguination DUE TO (c) Carcinoma of stomach		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		151X	14 days 6 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 8-31-55, 1955, to 9-5-55, 1955, that I last saw the deceased alive on 9-5-55, 1955, and that death occurred at 4:10 PM from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Lane</u>	(Degree or title) <u>MD</u>	23b. ADDRESS 521 W. 4th Joplin, Mo.	23c. DATE SIGNED 9-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPTEMBER 7, 1955	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY MISSOURI
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DATE REC'D BY LOCAL REG. 9-9-55	REGISTRAR'S SIGNATURE <u>H. E. Lane</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed
SEP 12 1955

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.....
Signature of Student Embalmer

Signed *Leonard J. Lewis*.....

Licensed Embalmer No. *456*.....

P. O. Address *Wabbe*.....

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.