

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3657

State File No. _____

FILED FEB 8 1956

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>6272</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Worth</u>		c. LENGTH OF STAY (In this place) <u>50 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Allen Township 6272</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi East Of, Denver, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>6Mi - East Of Denver, Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>Louisa</u>		a. (First)		b. (Middle) <u>-----</u>		c. (Last) <u>Spillman</u>	
4. DATE OF DEATH <u>Jan. 25 1956</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April, 23-1886</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MTS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Newt Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Ragen</u>		14. NAME OF HUSBAND OR WIFE <u>Charles C Spillman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Charles C Spillman</u> ADDRESS <u>Denver, 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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 4201				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank B. Materson MD</u>				23b. ADDRESS <u>Grant City, Missouri</u>		23c. DATE SIGNED <u>1-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 27- 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roger Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Denver, MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 1-1956</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kenneth R. Brown</u>		ADDRESS <u>Denver, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

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 _____

Licensed Embalmer No. 4211

P. O. Address Grant City 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.