

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1957.

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5757 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY <u>MADISON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - ST. MICHAELS</u> | | c. CITY OR TOWN <u>FREDERICKTOWN</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 mi. S.W. of FREDERICKTOWN</u> | | f. STREET ADDRESS (If rural, give location) <u>4 1/2 mi. S.W. of FREDERICKTOWN</u> | |
| 3. NAME OF DECEASED a. (First) <u>MATTIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>SPAIN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 22, 1956</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>OCT. 19, 1900</u> |
| 9. AGE (In years last birthday) <u>56</u> | | 10. MONTHS <u>2</u> | 11. DAYS <u>3</u> |
| 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>MADISON COUNTY, MO.</u> |
| 13a. FATHER'S NAME <u>WILLIE BREWINGTON</u> | | 13b. MOTHER'S MAIDEN NAME <u>JANE MORRIS</u> | 14. NAME OF HUSBAND OR WIFE <u>JOHN SPAIN</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. (If yes, give war or dates of service) <u>500-38-8566</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>JOHN SPAIN - FREDERICKTOWN, MO.</u> | |
| | | ADDRESS <u>FREDERICKTOWN, MO.</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, 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) <u>Coronary Emboli</u> | | <u>10 hours</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Hypertension</u> | | <u>years</u> <u>3 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>4201</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 15 years to Dec, 1956, that I last saw the deceased alive on 7, 1956, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Blount</u> | 23b. ADDRESS <u>M.D. 135 W Main Fredericktown, Mo.</u> | 23c. DATE SIGNED <u>12-25-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>12/25/1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u> | 24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-3-1957</u> | REGISTRAR'S SIGNATURE <u>Lawrence Hicks</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Paulson</u> | ADDRESS <u>FREDERICKTOWN, MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JAN 7 1957
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FILE No. 12-7-3

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 H. Dawson

Licensed Embalmer No. 435

P. O. Address FREDERICKTOWN

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.