

FILED MAR 29 1957

## STANDARD CERTIFICATE OF DEATH

11500  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 718

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Kirkwood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rural Joachim</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>			Length of stay in lb <u>5 days</u>		d. STREET ADDRESS (If outside, give location) <u>Festus Route #2</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Edith Elizabeth</u> Middle <u>Spiller</u> Last <u>Spiller</u>				4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 17, 1896</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</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 <u>At home</u>		11. BIRTHPLACE (City and state or country) <u>Howard, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Dell Duckworth</u>				14. MOTHER'S MAIDEN NAME <u>Mollie Richards</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>C. O Duckworth Tulsa, Oklahoma</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Automobile accident causing multiple injuries</u> <u>Head injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. - DUE TO (b) <u>Chest injuries</u> (b) <u>Lacerations, scalp.</u> <u>Fractured left arm</u> (c) <u>Extensive lacerations both legs</u> <u>Fractured left tibia and fibula</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						INTERVAL BETWEEN ONSET AND DEATH <u>3/14/57 to 3/15/57</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Automobile accident</u> (Coroner's Case)				
20c. TIME OF INJURY Hour <u>3</u> a. m. <u>11</u> p. m. <u>57</u> Month <u>3</u> Day <u>11</u> Year <u>1957</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>By 61st St</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson Co., Mo.</u>			STATE <u>Mo.</u>
21. I attended the deceased from <u>3/11/57</u> to <u>3/15/57</u> and last saw <u>her</u> alive on <u>3/15/57</u> Death occurred at <u>7:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Doctor or title) <u>James Y. Triggs M.D.</u>				22b. ADDRESS <u>7820 Carondelet Clayton Mo.</u>		22c. DATE SIGNED <u>3/16/57</u>	
23a. BURIAL CREMATION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/>		23b. DATE <u>March 17, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>DeSoto, Missouri</u>		
24. FUNERAL DIRECTOR <u>Vinyard Funeral Home, Festus, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3/18/57</u>		26. REGISTRAR'S SIGNATURE <u>Hubert B. Donahoe</u>		

(Licensed Embalmer's Statement on Reverse Side)

89.

Health, &amp; Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

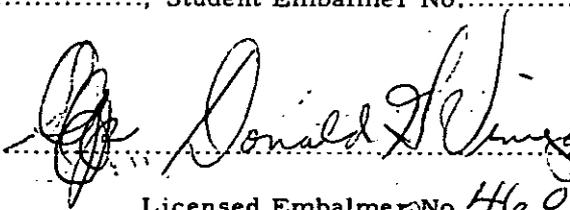
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by 175.140 makes 1757.

**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 ..... 

Licensed Embalmer No. 460

P. O. Address Weston, W.

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.