

Health, Welfare Public Service

300 1-56 0

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 18 10 1
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot County Memorial Hosp.</u>		d. STREET ADDRESS <u>5th. & Laurant</u> (If outside, give location) <input checked="" type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <u>7 Days</u>			

3. NAME OF DECEASED (Type or print) <u>John Spikey</u>			4. DATE OF DEATH <u>May 18 1957</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</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>March 11 1868</u>		
9. AGE (In years last birthday) <u>89</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		
11. BIRTHPLACE (City and state or country) <u>Ohio, Tennessee</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>Henry Spiker</u>			14. MOTHER'S MAIDEN NAME <u>Caroline Head</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>X</u>		
17. INFORMANT <u>Mrs. Charles Adams</u>			Address <u>608 W. 5th. St. C'ville, Mo.</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>Acute pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hour</u>
DUE TO (b) <u>Hypertensive & arteriosclerotic cardio-vascular disease.</u>		<u>Unknown</u>
DUE TO (c) <u>443x</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Central thrombosis on May 11, 1957</u> <u>arteriosclerotic gangrene left foot, amputated 5-15-57</u>		
19. WAS AUTOPSY PERFORMED? <u>3</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour <u>7:25</u> Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>May 11, 1957</u> to <u>May 18, 1957</u> and last saw <u>him</u> alive on <u>May 18, 1957</u> . Death occurred at <u>7:25 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Doctor or other) <u>Joseph H. Coff, M.D.</u>		22b. ADDRESS <u>Caruthersville, Mo.</u>
22c. DATE SIGNED <u>5-21-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 20, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>
23d. LOCATION (City, town, or county) <u>Caruthersville, Missouri</u>		(State)
24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home C'vle. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-24-57</u>
26. REGISTRAR'S SIGNATURE <u>John W. German</u>		

6-247-57

JUN 10 1951

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *W. Denver Duke*.....

Licensed Embalmer No. *448*

P. O. Address *Caruthersville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.