

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31383**

FILED OCT 11 1957

BIRTH NO. _____ REG. DIST. NO. **119** PRIMARY REG. DIST. NO. **4192** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY Gasconade)	
b. CITY OR TOWN Morrison	c. LENGTH OF STAY (In this place) life	c. CITY OR TOWN Morrison	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 at home		e. STREET ADDRESS (If rural, give location) 037⁰	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Gustave	b. (Middle) Adolph	c. (Last) Spaete	Sept. 2 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 17-1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 1 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Section Hand	11. BIRTHPLACE (City and State or Foreign Country) Morrison Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gustave A. Spaete	13b. MOTHER'S MAIDEN NAME Louise Pfitzinger	14. NAME OF HUSBAND OR WIFE Katherine Neidhardt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) -----	17. INFORMANT'S SIGNATURE OR NAME Mrs G.A. Spaete ADDRESS Morrison Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min 5 mo. 23 mo. 10-15 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phlebitis left saphenous vein DUE TO (c) Hemiplegia left side 334x		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-3-1955**, to **9-2-1957**, that I last saw the deceased alive on **9-2-1957**, and that death occurred at **9:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Farnsworth, D.O.	23b. ADDRESS Chambers, Mo.	23c. DATE SIGNED 9-3-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/5/57-	24c. NAME OF CEMETERY OR CREMATORY Good-Hope	24d. LOCATION (City, town, or county) (State) Morrison MO.
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DATE REC'D BY LOCAL REG. 9-5-57	REGISTRAR'S SIGNATURE Delma Secker	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Norton ADDRESS Chambers, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 11 1957

OCT 28 1957

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 *Vernon M. Weston*

Licensed Embalmer No. *412*

P. O. Address *Lebanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.