

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31628

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 15

300
-57

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WEST PLAINS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X X		Length of stay in lb 8 yrs.	d. STREET ADDRESS (If outside, give location) 1127 N. JACKSON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JUBILEE SPAIN			4. DATE OF DEATH Month 9 Day 15 Year 57		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 8 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (City and state or country) WHITE BEAD, OKLA	12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME JUBAL SPAIN		13b. MOTHER'S MAIDEN NAME MYRTLE BURGETT	14. NAME OF HUSBAND OR WIFE JULIA SPAIN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) X X (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. YES	17. INFORMANT Address JULIA SPAIN, WEST PLAINS, MOO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
Conditions, if any, which gave rise to above cause (d), stating the underlying cause last. DUE TO (b) Cerebral thrombosis					6 weeks
DUE TO (c) Cerebral arteriosclerosis					15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (do not relate to the terminal disease condition given in PART I (a)) Arterioclerotic heart disease 332X					19. WAS AUTOPSY PERFORMED? 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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 12-2/55 to 9/15/57 and last saw him alive on 9/14/57 Death occurred at 10:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. L. Fowler M.D.			22b. ADDRESS West Plains, Mo		22c. DATE SIGNED 9/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 9-18-57	23c. NAME OF CEMETERY OR CREMATORY OAK LAWN		23d. LOCATION (City, town, or county) (State) WEST PLAINS, MO
24. FUNERAL DIRECTOR ADDRESS ROBERTSONS, WEST PLAINS, MO			25. DATE RECD. BY LOCAL REG. 9-25-57	26. REGISTRAR'S SIGNATURE Beatrice Cook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 9 1957
OCT 1 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 *Robert*

Licensed Embalmer No. *343*
P. O. Address *Waco, Tex*

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.