

Health,  
& Welfare  
S. Public  
Health Service

FILED NOV 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40052  
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 208

S. 300  
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>GRUNDY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRENTON</b>		c. CITY OR TOWN <b>TRENTON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>730 Kitty</b>		d. STREET ADDRESS (If outside, give location) <b>730 Kitty</b>	
3. NAME OF DECEASED (Type or print) <b>Emmet Emmerson SPADLING</b>		4. DATE OF DEATH: <b>Nov 20, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 23, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>Champagne Illinois</b>
13a. FATHER'S NAME <b>Alpheus G Spadling</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Jane Turner</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Shackelford</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>496-26-8790</b>	17. INFORMANT Address <b>Harold E. Spadling, Trenton, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral Sclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
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 <b>Jan 10-57</b> to <b>Nov 20-57</b> and last saw her alive on <b>Dec 20-57</b> Death occurred at <b>11:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. C. Duffy M.D.</b>		22b. ADDRESS <b>Trenton Mo</b>	
22c. DATE SIGNED <b>Nov 22 57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11/25/1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Peculiar Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Peculiar MO</b>	
24. FUNERAL DIRECTOR <b>J. Gordon Balkmore</b>		25. DATE RECD. BY LOCAL REG. <b>11-23-57</b>	
ADDRESS <b>Trenton, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Irene Jain</b>	

DEC 8 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 *Claude H. Crandall Jr.*

Licensed Embalmer No. *4986*  
P. O. Address *Stanton, 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.