

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012834

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 487B Primary Registration District No. 4474 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sweet Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Knob Noster</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>Forsyth Restorium</u>		Length of stay in lb <u>6 Months</u>		d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>QUEENE</u> Middle _____ Last <u>SPIESS</u>				4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 1, 1869</u>		9. AGE (In years last birthday) <u>88</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>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Benjamin Alton</u>				14. MOTHER'S MAIDEN NAME <u>Robertine Beale</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>Mrs. Robertine Harfield, Knob Noster, 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>Chr Valvular Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <input checked="" type="checkbox"/>		DUE TO (c) <input checked="" type="checkbox"/>		4214	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <input checked="" type="checkbox"/>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <input checked="" type="checkbox"/>					
20c. TIME OF INJURY Hour of m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>					
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.) <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Knob Noster</u>		COUNTY <u>Johnson</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>Oct. 1957</u> to <u>March 27-58</u> and last saw her alive on <u>Jan 27-58</u> Death occurred at <u>3:00</u> <u>March 27-58</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>G. W. M... M.D.</u>				22b. ADDRESS <u>Knob Noster, Mo</u>		22c. DATE SIGNED <u>Mar 28-58</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Buried</u>		23b. DATE <u>March 30, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Knob Noster Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>March 30, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mary Mosley</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard M. Donald*.....

Licensed Embalmer No. *48*.....

P. O. Address *Warrenton*.....

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.