

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024504  
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 13 Primary Registration District No. 2003 Registrar's No. 107

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b> <b>00510</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent Hospital 4-Das</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>203 County Road</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Frederick Spahr</b>			4. DATE OF DEATH Month Day Year <b>8-5-1958</b>
5. SEX <b>0</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-11-1872</b>
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>7-</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</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>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Stanberry, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Frederick Spahr</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Gross</b>
14. NAME OF HUSBAND OR WIFE <b>Lillie Spahr</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-32-6364</b>
17. INFORMANT <b>H.G. Spahr, Monett, 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 hemorrhage at</b> DUE TO (b) <b>Gen. arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>331X</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>8-1-58</b> to <b>8-5-58</b> and last saw him alive on <b>8-5-58</b> Death occurred at <b>7:05 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>F. P. Edwards M.D.</b>		22b. ADDRESS <b>Monett, Mo</b>	
22c. DATE SIGNED <b>8-7-58</b>		23a. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	
23b. DATE <b>8-7-1958</b>		23c. LOCATION (City, town, or county) (State) <b>Monett, Mo.</b>	
23d. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24. FUNERAL DIRECTOR ADDRESS <b>Mercer Funeral Home, Monett, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>8-7-58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. P. N. Cook</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 858-162

DATE REC. 8-11-58



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 Frank W. Kneel .....

Licensed Embalmer No. 4440 .....

P. O. Address Carthage, 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.