

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **58-024847**

FILED JUL 16 1958

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. _____ Registrar's No. **290**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	c. LENGTH OF STAY (in this place) 1 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Kelso Twp - 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1803 Beahm Road		d. STREET ADDRESS (If rural, give location) 2 MI SE OF ILLMO.	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) JOHN c. (Last) SPIES			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Oct 25 1868	9. AGE (Years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work pursued during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Greenville, S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Spies		13b. MOTHER'S MAIDEN NAME Margaret Reinhardt	14. NAME OF HUSBAND OR WIFE Martha Thacher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or number) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Don't know	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Spies Illmo. Mo			

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Age			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)	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 19 to 19, that I last saw the deceased alive on 7/3/58, and that death occurred at 7:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Cape Girardeau	23c. DATE SIGNED 7/3/58
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-5-58	24c. NAME OF CEMETERY OR CREMATORY Hamptonville Cem
24d. LOCATION (City, town, or county) (State) Scott County, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Illmo. Mo	
DATE REC'D BY LOCAL REG. July 10, 1958	REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Oliver Ames

Licensed Embalmer No. _____

4470

P. O. Address _____

Illmo 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 this body is not embalmed, fact should be so stated above.