

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031749  
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Columbia</u> <u>0105</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INST. <u>Boone County Hospital</u>		Length of stay in lb <u>7 days</u>		d. STREET ADDRESS (If outside, give location) <u>111 St. James</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>Mary</u> Last <u>Spiva</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>6</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 7-1884</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Linn County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Maher</u>		13b. MOTHER'S MAIDEN NAME <u>Fancis Matteringly</u>		14. NAME OF HUSBAND OR WIFE <u>W. M. Spiva</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>W. M. Spiva, Columbia, 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>ACUTE CORONARY OCCLUSION</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Arterio sclerotic Heart Disease</u>				<u>years</u>	
		DUE TO (c) <u>Diabetes Mellitus Generalized Arterio sclerosis</u>				<u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>						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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>November 1956</u> , to <u>Oct 6, 1958</u> and last saw her alive on <u>October 6, 1958</u> Death occurred at <u>10:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John F. Logue</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>209 University Ave. Columbia Mo</u>		22c. DATE SIGNED <u>Oct 6, 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/9/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u>		
24. FUNERAL DIRECTOR <u>Paul J. Ballant, Centralia Mo.</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct 8 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

MS JUN 3 1959

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 J. Ballou*

Licensed Embalmer No. *4206*

P. O. Address *Centerville, N.*

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.