

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040904

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 261

Primary Registration District No. 5848

Registrar's No. 216

300  
1-57

0740

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grant Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Gailford</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>4 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1 mile west</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Helen</b> Middle <b>Merle</b> Last <b>McKim</b>			4. DATE OF DEATH Month <b>November</b> Day <b>4</b> Year <b>1958</b>		
5. SEX <b>Female</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>Nov. 13, 1902</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Grant City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>William P. Spillman</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline Sego</b>		14. NAME OF HUSBAND OR WIFE <b>Curt McKim</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>495-24-6482</b>	17. INFORMANT Address <b>Mr. Curt McKim - Gailford, Missouri</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>Sexual embolism</b>					INTERVAL BETWEEN ONSET AND DEATH <b>27 Dec., 1957 to 4 Nov., 1958</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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>334x</b>					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.) <b>2</b>		
20c. TIME OF INJURY Hour _____ o.m. _____ p.m. _____ Month, Day, Year _____					
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>27 March, 1955</b> , to <b>4 Nov., 1958</b> and last saw her alive on <b>3 Nov., 1958</b> Death occurred at <b>675 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Chas. D. Hubbard, M.D.</b>			22b. ADDRESS <b>Barnard, Mo.</b>		22c. DATE SIGNED <b>NOV 7 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11-6-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fletcher Cemetery</b>		23d. LOCATION (City, town, or county) <b>Worth County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Bill A. Dunfee - Grant City, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11-12-58</b>	26. REGISTRAR'S SIGNATURE <b>Bess Holt</b>	

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 *Bill A. Dwyer* .....

Licensed Embalmer No. *4908* .....

P. O. Address *Frank City* .....

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.