

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005068
STATE FILE NUMBER

LEU MAR 16 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 70

300
1-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SULLIVAN (280) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAINT FRANCIS		Length of stay in lb 7 DAYS	d. STREET ADDRESS (If outside, give location) 462 S. PARK Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JESSIE — SPAID			4. DATE OF DEATH Month Day Year 3 - 13 - 59
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-13-1886
9a. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days 2	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) DEADWOOD S.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLES SHELDON	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FRANK SPAID	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT FRANK SPAID Address SULLIVAN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) General Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardio-Vasc. Renal Syndrome			INTERVAL BETWEEN ONSET AND DEATH 7 days
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 it) 331X	
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 1947 to 3/13/59 and last saw her alive on 3/12/59 Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) John J. DeCarone M.D.	
22a. ADDRESS Sullivan, Mo.		22c. DATE SIGNED 3/12/59	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-15-1959	23c. NAME OF CEMETERY OR CREMATORIAL I. O. O. F.	23d. LOCATION (City, town, or county) (State) SULLIVAN MO.
24. FUNERAL DIRECTOR H. M. EATON		25. DATE RECD. BY LOCAL REG. 3/14/59	26. REGISTRAR'S SIGNATURE J. P. Schumann, Jr. J. P. Schumann

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Hamilton J. Eaton*

Licensed Embalmer No. *5066*

P. O. Address .. *SULLIVAN, N.Y.* ..

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.