Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009141
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Grundy County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Mo. — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 109 E. Crowder — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton 0402 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 109 E Crowder — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Eva Middle Almeda Last Spradling

4. DATE OF DEATH Month MAR Day 16 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Oct 22, 1877
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Household
11. BIRTHPLACE (City and state or country) Cass County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Shackleford
13b. MOTHER'S MAIDEN NAME Laura Cline
14. NAME OF HUSBAND OR WIFE E.E. Spradling

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Harold Spradling Address Trenton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 2 m

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Jany 1 59, to 3/16/59 and last saw her/him alive on Mar 10 59
Death occurred at 12 45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E J Mairs MD
22b. ADDRESS Trenton Mo
22c. DATE SIGNED 3/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/18/59
23c. NAME OF CEMETERY OR CREMATORY Peculiar Cemetery
23d. LOCATION (City, town, or county) (State) Peculiar Missouri

24. FUNERAL DIRECTOR J. Gordon Blackmon Mairs ADDRESS Trenton Mo
25. DATE RECD. BY LOCAL REG. 3-18-59
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Claude H Crandall Jr

Licensed Embalmer No. 4986

P. O. Address Trenton, 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.