

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-024597

STATE FILE NUMBER

FILED JUL 16 1959

Registration District No. 83

Primary Registration District No. 5314

Registrar's No. 8

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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>COOPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COOPER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>PRairie Home</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>PRairie Home Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>HOSPITAL OR INSTITUTION</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>PRairie Home Mo.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LAURA - SPIELER</b>			4. DATE OF DEATH Month Day Year <b>July 12, 1959</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 14-1879</b>	9. AGE (In years past birthday) <b>81</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>
13a. FATHER'S NAME <b>OTTO SPIELER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET YOUNG</b>		14. NAME OF HUSBAND OR WIFE <b>SINGLE</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>NO</b>	17. INFORMANT Address <b>Mrs. Clarence Pohlman Prairie Home Mo.</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>Ventricular Fibrillation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</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>4200</b>					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
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 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 <b>7-3-59</b> to <b>7-12-59</b> and last saw her alive on <b>7/11/59</b> Death occurred at <b>5:00</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Virginia T. Higgins</b> (Degree or title) <b>2</b>			22b. ADDRESS <b>Amestown, Mo</b>		22c. DATE SIGNED <b>7/13/59</b>
23a. BURIAL, CREMATION, HIGH REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/14-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PERSBNTG TOVE. EURN, NEAR PRAIRIE HOME MO</b>		23d. LOCATION (City, town, or county) (State) <b>PRairie Home Mo</b>	
24. FUNERAL DIRECTOR <b>C. ROBERT HOYNGEETS PRAIRIE HOME MO</b>			25. DATE RECD. BY LOCAL REG. <b>7/14/59</b>	26. REGISTRAR'S SIGNATURE <b>Virginia T. Higgins</b>	

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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 *La. Albert Hornbeck*.....

Licensed Embalmer No. *2714*.....

P. O. Address *Prairie Home*.....

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.