

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1959

59-036809

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>LINGOON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINGOON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEDFORD TOWNSHIP</u>		Length of stay in 1b	c. CITY OR TOWN <u>DAVIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LINCOLN Co. MEMORIAL Hosp</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>SPANGNER</u> Last <u>SPANGNER</u>			4. DATE OF DEATH Month <u>11</u> Day <u>6</u> Year <u>1959</u>		
5. SEX <u>MALE</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>8-24-1892</u>	9. AGE (last birthday) <u>77-3-12</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER BUSINESS</u>	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>WILLIAM SPAGNER</u>		13b. MOTHER'S MAIDEN NAME <u>UNK. (MARGOLM)</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA SPANGNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNK</u>	17. INFORMANT <u>EDWARD LADD. 3460 OAKHILL ST. LOUIS, 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>Cerebral. Vascular accident (Emboli).</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Colow Resection - Carcinoma of Colow 10/27/59-</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year. a.m. p.m.					
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>2/1-2/1/56</u> to <u>11/6/59</u> and last saw him alive on <u>11/6/59</u> . Death occurred at <u>7 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <u>J. Lelesch M.D.</u>			22b. ADDRESS <u>Truy, Mo.</u>		22c. DATE SIGNED <u>11/6/59</u> (State)
23. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11-9-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW ST MARGUS</u>		23d. LOCATION (City, town, or county) <u>ST LOUIS Co.</u>	
24. FUNERAL DIRECTOR <u>E.J. SCHNUR</u>		ADDRESS <u>3125 LAFAYETTE</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 6, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	

ST LOUIS MO (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 19 1936

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas R. Penwick

Licensed Embalmer No. 3793
P. O. Address 3125 Lafayette

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.