DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1959

59-036870
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 5757 Registrar's No. 53

MENDED

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Michaels — Length of stay in 1b 6 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3½ Miles N.E. of Fredericktown — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN R.F.D. Fredericktown — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3½ Miles N.E. of Fredericktown — Reside on Farm Yes ☒ No ☒

3. NAME OF DECEASED (Type or print) First Simon Middle Peter Last Spain
4. DATE OF DEATH Month October Day 24, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-3-1916
9. AGE (last birthday) 43 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Jonas Spain
13b. MOTHER'S MAIDEN NAME Anna Brewington
14. NAME OF HUSBAND OR WIFE Hazel Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1942 - 1950
16. SOCIAL SECURITY NO. 495-14-2286
17. INFORMANT Hazel Spain — Address Fredericktown, 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) Coronary occlusion, arterial — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 3½ yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Virus Pneumonia.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 August 31, 1955, to Oct 24, 1959 and last saw ~~her~~ him alive on Oct. 24, 1959
Death occurred at 10:00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Michaels MD
22b. ADDRESS 135 S. Mine La Motte Fredericktown Missouri
22c. DATE SIGNED Oct 26, '59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 26, 1959
23c. NAME OF CEMETERY OR CREMATORY Barber Cemetery
23d. LOCATION (City, town, or county) (State) Madison County, Missouri

24. FUNERAL DIRECTOR J. H. Adamson — ADDRESS Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG. 10-26-1959
26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

VS NOV 4 1959

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Frederick

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.