

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009704

FILED VS FEB 17 1960  
 Registration District No. 374

Primary Registration District No. 6273 Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fletchall Township</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Fletchall Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Henry Jacob Spaah</b>			4. DATE OF DEATH Month Day Year <b>February 5, 1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-28-1891</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and state or country) <b>Worth County</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Jacob Henry Spaah</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Sherer</b>		14. NAME OF HUSBAND OR WIFE <b>Gertie Spaah</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W W I</b>			16. SOCIAL SECURITY NO. <b>496-42-3276</b>		17. INFORMANT Address <b>Gertie Spaah - Grant City, Missouri</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>MEDULLARY FAILURE</b>			<b>5 MIN.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>SHOCK.</b>			<b>5 MIN.</b>
DUE TO (c) <b>MYOCARDIAL CORONARY OCCLUSION</b>			<b>5 MIN.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 **1955** to **FEB 5, 1960** and last saw her alive on **JAN 28, 1960**  
 Death occurred at **8:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Richard J. Swift D.O.</b>		22b. ADDRESS <b>GRANT CITY MO.</b>		22c. DATE SIGNED <b>2-6-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>2-7-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Grant City, Missouri</b>	

24. FUNERAL DIRECTOR <b>Billie Dugles - Grant City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb. 12 - 1960</b>	26. REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 12 1961

STATEMENT BY LICENSED EMBALMER

MAR 11 1960

0231

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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City

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.