

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014122

FILED VS APR 21 1960

5039

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STATE FILE NUMBER

DED

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

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butterfield Twp.</b>	Length of stay in 1b	c. CITY OR TOWN <b>Cassville</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 type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HARRISON</b> Middle <b>A.</b> Last <b>SPAIN</b>			4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>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>8-10-1892</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Robert Sidney Spain</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Burk</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Owens Spain</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT <b>Mrs. Burl Lansdown-Cassville, Mo.</b>	Address
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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>Pulmonary Emphysema</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>inadequate aeration</b>	
DUE TO (b)	<b>Early Cor Pulmonale</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 a.m. p.m.	Month, Day, Year		
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 **1-14-60** to **4-8-60** and last saw her/him alive on **4-8-60**  
Death occurred at **5:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Charles H. Dyer M.D.</b> (Degree or title)	22b. ADDRESS <b>Cassville, Missouri</b>	22c. DATE SIGNED <b>4-9-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-10-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery Barry County Missouri</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>Culver's</b>	ADDRESS <b>Cassville, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Apr 11-1960</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Paul D. Herbst

Licensed Embalmer No. 4576

P. O. Address Cassville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.