URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 6 1960

-60-019989

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 38

NDED

1. PLACE OF DEATH a. COUNTY Lawrence

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Length of stay in 1b 23 days

c. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State Sanatorium — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 921 Jackson — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Carl Middle Last Spies

4. DATE OF DEATH Month June Day 3 Year 1960

5. SEX Male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-12-97

9. AGE (last birthday) 63 — 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) Painter

10b. KIND OF BUSINESS OR INDUSTRY Furniture repair

11. BIRTHPLACE (City and state or country) Tawando, New York

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Nina Spies

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 354-16-1398

17. INFORMANT wife — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchogenic carcinoma (adenocarcinoma type) with generalized metastasis — INTERVAL BETWEEN ONSET AND DEATH 4 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. ☐ 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 May 11, 1960, to June 3, 1960 and last saw him alive on June 3, 1960

Death occurred at 9:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Vernon Langdutting, M.D.

22b. ADDRESS Mo. State San., Mt. Vernon, Mo

22c. DATE SIGNED 6-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-4-60

23c. NAME OF CEMETERY OR CREMATORY Fairview

23d. LOCATION (City, town, or county) Joplin (State) Mo

24. FUNERAL DIRECTOR Max L Fossett — ADDRESS Mt Vernon Mo.

25. DATE RECD. BY LOCAL REG. 6-3-60

26. REGISTRAR'S SIGNATURE H. L. Fossett

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed Max L Fossett

Signature of Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Mt Vernon

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