

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-029888

STATE FILE NUMBER

FILED VS SEP 2 1960

Registration District No. 5-8

Primary Registration District No. 4087

Registrar's No. 17

S. 300
1-57

1. PLACE OF DEATH a. COUNTY CARTER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VAN BUREN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN VAN BUREN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 90 RESIDENCE		Length of stay in lb 6 MONTHS	d. STREET ADDRESS (If outside, give location) 1802 VAN BUREN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ORAL Middle FRASSA Last SPAULDING			4. DATE OF DEATH Month Aug Day 24 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22 1882	9. AGE (In years last birthday) 78	UNDER 1 YEAR Months 1 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) Dixon, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W. M. SPAULDING		13b. MOTHER'S MAIDEN NAME BELLE WILSON		14. NAME OF HUSBAND OR WIFE FLORENCE SPAULDING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 888 24 9969	17. INFORMANT Address FLORENCE SPAULDING VAN BUREN 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) Acute Circulatory Failure					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic myocarditis and					
DUE TO (c) Chronic arteriosclerosis					5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221					19. WAS AUTOPSY PERFORMED? 2 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 <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 Feb 6, 1955 to Aug 24, 1960 and last saw him alive on Aug 5, 1960 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 (Degree or title) Frank J. Rusinchi D.O.			22b. ADDRESS Van Buren, Mo		22c. DATE SIGNED 8-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-28-60	23c. NAME OF CEMETERY OR CREMATORY VAN BUREN CEMETERY		23d. LOCATION (City, town, or county) (State) VAN BUREN, MO.
24. FUNERAL DIRECTOR McSpadden		ADDRESS Van Buren, Mo		25. DATE RECD. BY LOCAL REG. Aug. 29-60	26. REGISTRAR'S SIGNATURE Mrs Octa. Henson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Donald B. Sloan, Student Embalmer No. 606

working under my personal supervision.

Student Donald Sloan
Signature of Student Embalmer

Signed Allen C. McQueen

Licensed Embalmer No. 4543

P. O. Address Van Buren, Mo

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.