RI[illegible]ISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED [illegible] NOV 2 1960

-60-038208

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 5545 Registrar's No. 26

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charlton Township
Length of stay in this place: 56 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 7 mi South of Glasgow
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN: Glasgow
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. R. #2 Glasgow
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Stella Middle: Mae Last: Spires
4. DATE OF DEATH: Month: Oct. Day: 7 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar. 3, 1882
9. AGE (last birthday): 78
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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Callao Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Conrow
13b. MOTHER'S MAIDEN NAME: Isabell Hatteman
14. NAME OF HUSBAND OR WIFE: Harvey Lee Spires
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Robt. Queen Address: Glasgow 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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis. — 1 yr.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral deterioration
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 5, 1960 to Oct. 7, 1960 and last saw her alive on Oct 7 1960
Death occurred at 8:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] Shaw (Degree or title) M.D.
22b. ADDRESS: Fayette, Mo.
22c. DATE SIGNED: 10/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 9, 1960
23c. NAME OF CEMETERY OR CREMATORY: Boonesboro
23d. LOCATION (City, town, or county) (State): Boonesboro Mo.

24. FUNERAL DIRECTOR: Freimouth Funeral Service
ADDRESS: Glasgow Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 13, 1960
26. REGISTRAR'S SIGNATURE: Walker Audsley

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3976

P. O. Address Glasgow,

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