

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-000090
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 5034 Registrar's No. 12

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Audrain</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Prarie Twn.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Audrain</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Rt. J. 13mi E. of Mexico</u>		Length of stay in lb <u>Minutes</u>		c. CITY OR TOWN <u>Mexico, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <u>R.F.D.#3</u>		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 checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Donald</u>		Middle <u>Leland</u>		Last <u>Spitzner</u>		Month Day Year <u>Jan. 13, 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-4-36</u>	9. AGE (last birthday) <u>26</u>	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) <u>Chauffeur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck</u>		11. BIRTHPLACE (City and state or country) <u>Mexico, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Calvin J. Spitzner</u>			13b. MOTHER'S MAIDEN NAME <u>Velma Harper</u>			14. NAME OF HUSBAND OR WIFE <u>Mary K. Spitzner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mary K. Spitzner Mexico, Mo.</u>			
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) <u>Bilateral pneumothorax</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushing injuries of chest</u>						<u>immediate</u>	
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"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Truck overturned on deceased.</u>					
20c. TIME OF INJURY <u>10:53 p.m.</u>		Hour Month, Day, Year <u>1-13-61</u>					
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.) <u>Highway J. Audrain Co. Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Highway J + B</u>		COUNTY STATE <u>Audrain Mo.</u>	
21. I attended the deceased from <u>never</u> to <u>never</u> and last saw him alive on <u>never</u> Death occurred at <u>10:53 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>William J. J. J. J. J.</u>				22b. ADDRESS <u>112 N. Black Street</u>		22c. DATE SIGNED <u>1-16-61</u>	
23a. BURIAL, CREMATION, REPOULCHRE (Specify) <u>Burial</u>		23b. DATE <u>JAN-17-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EAST-LAWN</u>		23d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Precht-Hueston, Mexico, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>January 17-1961</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

William J. J. J. J.

FILED AS JAN 25 1961

APR 25 1961

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons Jr

Licensed Embalmer No. 5064

P. O. Address Mejico, 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.