

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000384

FILED VS FEB 14 1961

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 142

STATE FILE NUMBER

ITEM NO.

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>			Length of stay in 1b <b>20 yrs.</b>		c. CITY OR TOWN <b>Tarkio</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #2</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Walnut St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Rose</b> Last <b>Spoon</b>				4. DATE OF DEATH Month <b>February</b> Day <b>5</b> Year <b>1961</b>			
5. SEX <b>Female</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>Dec. 25, 1884</b>	
9. AGE (last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>6</b>		IF UNDER 24 HR Hours <b>1</b> Min. <b>4</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Public School</b>		11. BIRTHPLACE (City and state or country) <b>Forest City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Vince Hopper</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Robert Spoon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Robert Spoon, Tarkio, Missouri</b>		
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>Hypostatic pneumonia</b>							<b>1 week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Right hip fracture</b>							<b>16 days</b>
DUE TO (c) <b>Arteriosclerosis</b>							<b>10 yrs.</b>
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 checked="" type="checkbox"/> No <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.) <b>Was due to a fall on ward floor</b>			
20c. TIME OF INJURY Hour <b>3:30</b> a.m. <b>Jan. 21, 1961</b>		St. Joseph State Hospital, St. Joseph, Missouri					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Trochanter</b>		20f. CITY, TOWN, OR LOCATION <b>Tarkio, Missouri</b>		STATE	
21. I attended the deceased from <b>Feb. 5, 1961</b> to <b>Feb. 5, 1961</b> and last saw her <b>xxx</b> alive on <b>Feb. 5, 1961</b> Death occurred at <b>3:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>C.E. Cassins M.D.</b>				22b. ADDRESS <b>St. Joseph, Missouri</b>		22c. DATE SIGNED <b>Feb. 5, 1961</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Feb. 5, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Davis Funeral Home</b>		23d. LOCATION (City, town, or county) (State) <b>Tarkio, Missouri</b>	
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>Feb. 6, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Clark Goodell</b>		

DOCUMENT

C.E. Cassins, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

TYPEWRITER RIBBON

**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 *Eric J. Lehman*  
Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.