

DATE AMENDED: 1/19/61, 1/19/61
 INSTEAD OF: Unknown, None
 DOCUMENT: MEDICAL CERTIFICATION
 BY AFFIDAVIT OF Funeral Director: 10a Land Man, 10b Texaco Inc.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 5 DAYS	c. CITY OR TOWN SALEM		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MABIN DELLE SPITLER			4. DATE OF DEATH Month Day Year JANUARY 9, 1961		
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 7-2-96	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -UNKNOWN- Land Man		10b. KIND OF BUSINESS OR INDUSTRY Texaco -Inc.	11. BIRTHPLACE (City and state or country) SALEM, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME SHANNON SPITLER		13b. MOTHER'S MAIDEN NAME LENGRA E. MUNDWILER		14. NAME OF HUSBAND OR WIFE DOROTHY L. SPITLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWT		16. SOCIAL SECURITY NO.		17. INFORMANT Address DOROTHY SPITLER, RT. 4, SALEM, ILL.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GLIOBLASTOMA MULTIFORME Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 193.9					INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS
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 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 a.m. p.m. Month, Day, Year					
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 1-4-61 to 1-9-61 and last saw him alive on 1-9-61 Death occurred at 5:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dorothy L. Spittleman, M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 1-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan, 11, 1961	23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Salem, Illinois	
24. FUNERAL DIRECTOR McMackin Funeral Home, Salem, Illinois.			25. DATE RECD. BY LOCAL REG. JAN 10 1961	26. REGISTRAR'S SIGNATURE Road Smith, M.D.	

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 Elmer R. Sedwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.