MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006707
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1815

FILED VS MAR 7 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. COUNTY Carter

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI
Length of stay in 1b

c. CITY OR TOWN VanBuren
Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL
Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) None
Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: MATTIE Middle: M. Last: McSPADDEN

4. DATE OF DEATH Month: FEBRUARY Day: 20 Year: 1961

5. SEX Female

6. COLOR OR RACE White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH 9/25/1893

9. AGE (last birthday) 67

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Ellington, Missouri.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME David Allison

13b. MOTHER'S MAIDEN NAME Dora Dace

14. NAME OF HUSBAND OR WIFE Frank McSpadden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs. Beulah Koogler, 5813 Michigan. St. Louis, Mo.

MEDICAL CERTIFICATION

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)	STAPHYLOCOCCAL BRONCHOPNEUMONIA	1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	DERMATOMYOSITIS	6 WEEKS
DUE TO (c)	491A	

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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 OCTOBER 16, 1960, to FEB. 20, 1961 and last saw her/him alive on FEB. 20, 1961
Death occurred at 9:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Vermillion, M.D. (Degree or title) M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 2/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-23-61

23c. NAME OF CEMETERY OR CREMATORY Dry Valley Cemetery

23d. LOCATION (City, town, or county) (State) Fremont, Missouri.

24. FUNERAL DIRECTOR Albert H. Hoppe Inc.

ADDRESS 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE Earl Smith M D

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis 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.