

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026604

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 142

FILED AUG 8 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Dunklin</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> Length of stay in lb <u>life</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunk. Co. Memorial Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Dunklin</u></p> <p>c. CITY OR TOWN <u>Kennett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>same as 1-c</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>LAURIE</u> Middle <u>LEA</u> Last <u>SPAIN</u></p>	
<p>4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1962</u></p>	
<p>5. SEX <u>Female</u> 6. COLOR OR RACE <u>Caucasian</u> 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>7/28/62</u> 9. AGE (last birthday) <u>0</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u> 11. BIRTHPLACE (City and state or country) <u>Kennett, Missouri</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>James A. Spain</u> 13b. MOTHER'S MAIDEN NAME <u>Twyla McCleann</u> 14. NAME OF HUSBAND OR WIFE <u>James C. Spain, Hornerville</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> 16. SOCIAL SECURITY NO. <u>none</u> 17. INFORMANT <u>James C. Spain</u> Address <u>Missouri</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>anoxemia</u></p> <p style="text-align: center;">DUE TO (b) <u>anecephalus</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u></p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>	
<p>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.) _____</p>	
<p>20c. TIME OF INJURY Hour <u>1:33</u> a.m. <u>7/28/62</u> Month, Day, Year <u>30</u> p.m. <u>7/28/62</u></p>	
<p>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 _____</p>	
<p>21. I attended the deceased from <u>1:33 PM</u> to <u>10:30 PM</u> and last saw her <u>7/28/62</u> alive on <u>7/28/62</u></p> <p style="text-align: center;">Death occurred at <u>10:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>R. L. Polanski M.D.</u> 22b. ADDRESS <u>Hornerville, Missouri</u> 22c. DATE SIGNED <u>7/30/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>July 30, '62</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Dunklin Co. Mem. Gardens</u> 23d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR <u>Emerson Baldwin - Kennett, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>8-1-1962</u> 26. REGISTRAR'S SIGNATURE <u>Earl Husman</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10355
20355
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4 1
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9750X
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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 NOT EMBALMED, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jan F. Emerson

Licensed Embalmer No. 5148

P. O. Address Kennett, 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.