

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-010564**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

393

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED MAR 27 1963

Primary Registration District No.

Registrar's No.

VS.300  
Rev. 4/59

15117

20030

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9491X

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1293-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H.F. Mundy, M.D.

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>		c. CITY OR TOWN <b>Rock Port,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #2</b>		d. STREET ADDRESS (If outside, give location) <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>SPOON</b> Last <b>SPOON</b>		4. DATE OF DEATH Month <b>March</b> Day <b>23</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 10, 1882</b>
9. AGE (last birthday) <b>80</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	
11. BIRTHPLACE (City and state or country) <b>Morristown, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Rose 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>Probate Court, Atchison County, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho pneumonia.</b> DUE TO (b) <b>Loss of appetite General debility 1 mo.</b> DUE TO (c) <b>Chronic Brain Syndrome</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>State Hospital diagnosis: Chronic Brain Syndrome associated with smile brain disease</b>		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"/>		20. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>8:30 a.m.</b> Month, Day, Year, <b>Mar 23-1962</b>		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>Mar 23-1962 to Mar 23-1962</b>		20f. CITY, TOWN, OR LOCATION <b>Atchison, Mo.</b>	
21. I attended the deceased from <b>Mar 23-1962</b> to <b>Mar 23-1962</b> Death occurred at <b>8:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <b>Atchison, Mo.</b>	
22a. SIGNATURE <b>H.F. Mundy MD</b>		22c. DATE SIGNED <b>Mar 23 1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 24, 1963</b>	
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 26, 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Mr. Clark Goodell</b>		27. LOCATION (City, town, or county) <b>Tarkio, Missouri</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit used 3-23-63

**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 Raymond H. Moore

Licensed Embalmer No. 5147

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.