

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 334

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital. D</u>		d. STREET ADDRESS (If rural, give location) <u>632 1/2 So. 6th St.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Frank</u>	b. (Middle)	c. (Last) <u>Spooner</u>	(Month) <u>January</u>	(Day) <u>3</u>	(Year) <u>1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 3, 1879</u>	9. AGE (In years last birthday) <u>69</u>	# UNDER 1 YEAR Months <u>6</u>	# UNDER 2 HRS. Days <u>0</u>	# Hours <u>0</u>	# Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Ely, Missouri D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>George Spooner</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Roche</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Social Welfare Board, St. Jos. Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Menigitis</u>		<u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Lobar Pneumonia</u> DUE TO (b) DUE TO (c) <u>no history from family or comatose patient</u>		<u>3 1/2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1-3-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Spinal Pneu.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>D</u>
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22. I hereby certify that I attended the deceased from Jan 3rd, 1949, to Jan 3, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 10:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.E. Gravers M.D.</u>	23b. ADDRESS <u>St Joseph Mo</u>	23c. DATE SIGNED <u>1-4-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-10-49</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins 382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Burdman</u>	ADDRESS <u>St. Joseph, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th Street

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 this body is not embalmed, fact should be so stated above.