

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16746**

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No. 11

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| 1. PLACE OF DEATH a. COUNTY <u>NEWTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>NEWTON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shoal Creek Twnshp</u> | | c. LENGTH OF STAY (In this place) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GALENA, KANS. RFD # 2</u> | | d. STREET ADDRESS (If rural, give location) <u>GALENA, KANS. RFD # 2</u> | |

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|--|-------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>MARY</u> | b. (Middle) <u>F.</u> | c. (Last) <u>SPAULDING</u> | (Month) <u>MAY</u> | (Day) <u>18</u> | (Year) <u>1949</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>APRIL 2, 1863</u> | 9. AGE (In years last birthday) <u>86</u> | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u> | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | |
| 13a. FATHER'S NAME <u>DAVID JACKSON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>LOUISA CATES</u> | | 14. NAME OF HUSBAND OR WIFE _____ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>F.A. SPAULDING, JR.</u> ADDRESS <u>GALENA, KANS., RT. 2</u> | |

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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, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION— I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>4214</u> <u>months</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular disease</u> | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Had not been seen for several</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | | | |
|---|--|--|--|---|--|
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

22. I hereby certify that I attended the deceased from _____, 1939, to _____, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------------------|--|------------------------|--|
| 23a. SIGNATURE <u>W. H. Overland M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Joplin Mo</u> | | 23c. DATE SIGNED _____ | |
|---|--|-------------------------------|--|------------------------|--|

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|---|--|-------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAY 20, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u> | |
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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>5-20-49</u> | | REGISTRAR'S SIGNATURE <u>Ed. J. James</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUT-GLOVER</u> ADDRESS <u>JOPLIN, MO.</u> | |
|---|--|---|--|---|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

73
9

Have used

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.

Signed.....

Dale Glover

Signed.....
Student Embalmer

Licensed Embalmer No.

4593

P. O. Address

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