

No. 300
10.48

FILED OCT 24 1949

STANDARD CERTIFICATE OF DEATH

State File No. 34329

BIRTH NO. REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) Marceline		c. CITY (If outside corporate limits, write RURAL and give township) Marceline,	
c. LENGTH OF STAY (in this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 420 E. Walker	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) Blaz b. (Middle) c. (Last) Sporer			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb 2, 1873		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Days 8 IF UNDER 1 HRS. Min. 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY retired miner		11. BIRTHPLACE (State or foreign country) Sunger, Yugo Slavia	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Gregory Sporer		13b. MOTHER'S MAIDEN NAME Mary Jakovac		14. NAME OF HUSBAND OR WIFE Mary Polich	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Austrian Army		16. SOCIAL SECURITY NO. 496-01-2690		17. INFORMANT'S SIGNATURE OR NAME Louis Sporer, Marceline, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure		ANTECEDENT CAUSES			330X	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b) Congestive Decongestion		DUE TO (c) Cerebral Thrombosis, c. p. Hemiplegia				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 **Sept 18, 1948**, to **Oct 14, 1949**, that I last saw the deceased alive on **Oct 13, 1949** and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. ...		23b. ADDRESS Marceline, Mo.		23c. DATE SIGNED 10-17-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 17, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Killard	
				24d. LOCATION (City, town, or county) (State) Marceline, Mo. Mo.	

DATE REC'D BY LOCAL REG. 10/17/49		REGISTRAR'S SIGNATURE Mary Jane ...		25. FUNERAL DIRECTOR'S SIGNATURE 401 Ave. James M. ...	
				ADDRESS Marceline	

(Licensed Embalmer's Statement on Reverse Side)

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

1612



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 *Francis Lee Schaberg*

Licensed Embalmer No. 4513

P. O. Address Marceline, 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.