

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41842
65

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No 1</u>		d. STREET ADDRESS (If rural, give location) <u>2665 Lussac Ave</u>	
3. NAME OF DECEASED a. (First) <u>Louis</u> b. (Middle) <u>Spagner</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-2-1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 30 1904</u>
9. AGE (In years last birthday) <u>45</u>		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 1 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Relief</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Marion Unknown Spagner</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Spagner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes, give war or dates of service.</u> <u>World War II</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>New Madrid</u> ADDRESS <u>Home body 2665 Lussac Ave</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot in abdominal cavity 2 inches to left</u> DUE TO (b) <u>and just above navel</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Homicide</u>	
19a. DATE OF OPERATION <u>No.</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid Co. Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 2-1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Shot with pistol</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 (Degree or title) <u>Dr. H. J. Matthews, Coroner</u>		23b. ADDRESS <u>New Madrid, Mo.</u>	
23c. DATE SIGNED <u>12/2-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reinterred</u>	
24b. DATE <u>12-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt O'Leary</u>	
24d. LOCATION (City, town, or county) (State) <u>Hope, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelaw Louie Jones</u> ADDRESS <u>Richard's Unit, New Madrid, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-13-49</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

JAN 6 1950
DEC 23 1949

RECEIVED DEC 20 1949
District Health Office No.
District File Number 1249-1
Date Filed _____

MAR 21 1950

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 _____
Student Embalmer

JUL 25 1950

L. S. Hedges

Licensed Embalmer No. 3823

P. O. Address *New Madrid, 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.