

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3780
34
Registrar's No. 34

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5033

1. PLACE OF DEATH a. COUNTY <u>ANDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MARTINSBURG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARTINSBURG LAUREL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL 0040</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>LEANA</u>	c. (Last) <u>SPELLMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 15 1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED: NEVER MARRIED WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 12, 1880</u>	9. AGE (In years last birthday) (Months) (Days) <u>69 10</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part 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>NEAR MADISON MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John D. Edgar</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA JANE STOTLER</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK B. SPELLMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknowns) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank B. Spellman</u>	ADDRESS <u>Martinsburg Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) (m.)	21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 11, 1950, to Feb 15, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 11 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) <u>Willis H. Waller</u>	23b. ADDRESS <u>Waller</u>	23c. DATE SIGNED <u>2/16/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb. 18, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WEST PRAIRIE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Middletown Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 18 1950</u>	REGISTRAR'S SIGNATURE <u>Blanche Kelly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Ashmore</u>	ADDRESS <u>Waller</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2040

MAR 6 1950

MAR 2 1951

MAY

RECEIVED
District Health Officer No. 10
FEB 27 1950
FEB 27 1950
2-50-33

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 John W. Butler
Licensed Embalmer No. 4447

P. O. Address Bowling Green, W.

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.