

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30869

State File No. 111-125

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5379</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Minor</u>		c. LENGTH OF STAY (in this place) <u>5 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ravenwood</u>		OR TOWN <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co T B Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>No data</u>			
3. NAME OF DECEASED a. (First) <u>William Morrow Spoonemore</u>			b. (Middle)			c. (Last)	
4. DATE OF DEATH <u>Sept 2 1950</u>		Month (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan 10 - 1864</u>		9. AGE (In years last birthday) <u>86</u>		if UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nodaway Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Spoonemore</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>		14. NAME OF HUSBAND OR WIFE <u>No Data</u>			
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>Friends</u>		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
		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"/>	
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 <u>4/7</u> , 19 <u>50</u> , to <u>9/2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/2</u> , 19 <u>50</u> , and that death occurred at <u>6:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Gene E. Douglas M.D.</u>				23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>9/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 24 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Ravenwood Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 11 - 50</u>		REGISTRAR'S SIGNATURE <u>C. L. Bulchert M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home</u> ADDRESS <u>Marionville Mo</u>			

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

RECEIVED 9-19-50  
Jasper County Health Office

County File Number 50-8-665  
Date Filed 9-19-50

OCT 17 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.

Student Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *4495*

P. O. Address *Webb City 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.