

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

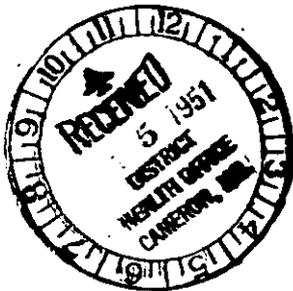
THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 13 1951

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5367 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Davies</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If not in corporate limits, write RURAL and give township) <u>Morrow Imp. Pural</u> c. LENGTH OF STAY (in days) <u>70</u>		c. CITY (If not in corporate limits, write RURAL and give township) <u>Morrow Imp. Pural</u> d. STREET ADDRESS (If rural, give location) <u>6th St E of Gallatin</u>	
3. NAME OF DECEASED a. (First) <u>Minnie</u> b. (Middle) <u>Flice</u> c. (Last) <u>Spidel</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>21</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH (Month) <u>Mar</u> (Day) <u>15</u> (Year) <u>1875</u>
9. AGE (In years last birthday) <u>75</u> Months <u>11</u> Days <u>6</u> Hours <u>—</u> Min. <u>—</u>	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>	11. BIRTHPLACE (State or foreign country) <u>Davies Co., Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>R. M. Stout</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hobbs</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob P. Spidel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Spidel</u> ADDRESS <u>Gallatin Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Glomerulonephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Labor Pneumonia</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 _____	
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>Nov</u> , 19 <u>50</u> , to <u>Feb. 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 20</u> , 19 <u>51</u> , and that death occurred at <u>6:04</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Floyd E. Nelson, M.D.</u>		23b. ADDRESS <u>Gallatin Mo</u>	23c. DATE SIGNED <u>2-22-51</u>
24a. PORTAL CREMATION REMOVAL (Specify) <u>Cremial</u>	24b. DATE <u>Feb 23/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fick-Tork Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Davies Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>3 March 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Grace Tamm</u> ADDRESS <u>Home Hamilton, Mo.</u>	



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *R. Lester Bram*

Licensed Embalmer No. *4472*

P. O. Address *Hamilton 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.