

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12434

State File No.

BIRTH NO. REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural, Arcadia Twp.</u> c. LENGTH OF STAY, (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural, Arcadia Township</u> <u>04770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway #70, 3 mi. east of</u>		d. STREET ADDRESS (If rural, give location) <u>Arcadia #70, 3 mi. East of Arcadia</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIZABETH</u>	b. (Middle)	c. (Last) <u>SPITZMILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1951</u>
--	-----------------------------	-------------	------------------------------	--

5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Sept. 7 1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	----------------------------------	---	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Iron Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>Daniel Casteel</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Sutton</u>	14. NAME OF HUSBAND OR WIFE <u>##</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Douglas Stamper, Arcadia Mo.</u>	ADDRESS <u></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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shooting self with a shot gun directly on chest.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>That Gun Directly on Chest.</u>		
	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 <u>E976 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	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) m.	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 _____, 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 <u>C. D. Howell</u> (Degree or title) <u>Crowner</u>	23b. ADDRESS <u>Ironton Mo.</u>	23c. DATE SIGNED <u>4-2-51</u>
--	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roselle Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Roselle Missouri</u>
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>April 10, 1951</u>	REGISTRAR'S SIGNATURE <u>Miss Arizona</u> <u>128</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White</u>	ADDRESS <u>White Funeral Home, Ironton Mo.</u>
---	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

3470

RECEIVED

APR 26 1951

DISTRICT HEALTH OFFICE No. 6

No.

MAY 1 1951

APR 26 1951

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Dr. J. J. ...

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.