

FILED AUG 29 1951

THE REPUBLIC OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27497  
Registrar's No. 327

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033

1. PLACE OF DEATH  
a. COUNTY Laclede 0532  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon  
c. LENGTH OF STAY (in this place) 73 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Laclede  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon 0532  
d. STREET ADDRESS (If rural, give location) 166 North Adams

3. NAME OF DECEASED  
a. (First) Guy b. (Middle) Willis c. (Last) Spiller

4. DATE OF DEATH (Month) (Day) (Year)  
Aug. 18, 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Dec. 21, 1877

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR: MONTHS 7 DAYS 28 IF UNDER 24 HRS: HOURS  MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lebanon, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Willis Spiller

13b. MOTHER'S MAIDEN NAME Nancy Stinson

14. NAME OF HUSBAND OR WIFE Etta L. Spiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME/ ADDRESS  
Mrs. Claude Curtis Lebanon, Mo.

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) myocardial failure  
ANTECEDENT CAUSES  
DUE TO (b) Chronic Myocarditis  
DUE TO (c) hypertension  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 days  
10 yrs.  
10 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443 X

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1941, to Aug 18, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE James L. Hope, M.D. (Degree or title)

23b. ADDRESS Lebanon Mo.

23c. DATE SIGNED 8/20/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/20/51

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

24d. LOCATION (City, town, or county) (State) Lebanon, Mo.

DATE REC'D BY LOCAL REG. 8-21-1951

REGISTRAR'S SIGNATURE Ilella L. Day 424

25. FUNERAL DIRECTOR'S SIGNATURE W.E. Helms ADDRESS Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1951

Received ..... AUG 25 1951 .....  
Laclede County Health Unit  
File No. .... 8-51-120 .....  
Date Filed ..... AUG 28 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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed .....  
Student Embalmer

Signed Dorsey M. Howe .....

Licensed Embalmer No. 4222 .....

P. O. Address Lebanon, 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.