

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29850**

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **117**

272

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Boonville		c. CITY OR TOWN Boonville	
c. LENGTH OF STAY (In this place) 4 Days		0272	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.		d. STREET ADDRESS (If rural, give location) 406 Spruce St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Forest	b. (Middle) A	c. (Last) Spendiff	4. DATE OF DEATH (Month) (Day) (Year) October 4 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19th 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer Railroad	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Near Nevada, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John Spendiff	13b. MOTHER'S MAIDEN NAME Nancy Vanderveer	14. NAME OF HUSBAND OR WIFE Mrs. Mabel Spendiff
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go. or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 702-10-2749	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. A. Spendiff	ADDRESS Boonville, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease 5 years		
	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. Diabetes Mellitus			

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 **6-15**, 19**47**, to **10-4**, 19**51**, that I last saw the deceased alive on **9-26**, 19**51**, and that death occurred at **4 PM** m., from the causes and on the date stated above.

23a. SIGNATURE B. M. Stewart, M.D.	(Degree or title) U	23b. ADDRESS Boonville, Mo.	23c. DATE SIGNED 10-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 6 1951	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri.
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DATE REC'D BY LOCAL REG. 10-6-51	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller	ADDRESS Boonville, Mo.
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RECEIVED 10-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-9-51

NOV 10 1951

SEP 1 1960

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. 433

working under my personal supervision.

Student F. William Kaserman Student Embalmer

Signed J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Coonville, 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.