

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 2

082

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> - - - - - <u>1082</u>	
c. LENGTH OF STAY (In this place) <u>48 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>304. N. Adams.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Wade</u> c. (Last) <u>Spainkoward</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 1, 1902.</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Days <u>5</u> IF UNDER 24 HRS. Min. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Metal Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H. F. Norman Mfg Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Nevada Mo - U</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wilbur Allen Spainkoward</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Spainkoward</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Spainkoward</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>49-05-9374</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Spainkoward</u> ADDRESS <u>Nevada 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs</u>
		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. <u>Myocardial stenosis</u>				

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 6-23, 1950, to 1-7, 1952, that I last saw the deceased alive on 1-6, 1952, and that death occurred at 1:25 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Martin</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>1-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckinger Fern</u> ADDRESS <u>Nevada Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-11-1952</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		451	

21-5-22

**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.....

*Mark Eickman*

Signed.....

Student Embalmer

Licensed Embalmer No. *2656*

P. O. Address *Nevada 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.