

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5800

State File No. ....

FILED FEB 26 1952

BIRTH NO. .... REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>	
b. CITY OR TOWN <u>California</u>		c. CITY OR TOWN <u>California</u> <u>0681</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>401 E. Buchanan St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 E. Buchanan St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTO</u> b. (Middle) <u>F</u> c. (Last) <u>SPIELER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1952</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>Oct 31, 1872</u>
9. AGE (In years last birthday) <u>80</u>	# UNDER 1 YEAR Months <u>3</u>	YEAR Days <u>15</u>	# UNDER 24 HRS. Mtn. ....
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Travelling salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baker's supplier</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Otto Spier</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Young</u>	14. NAME OF HUSBAND OR WIFE <u>Mary A. Miller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-18-8783</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary A. Spier</u> ADDRESS <u>California Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 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) <u>California Monteau MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>Jan. 1, 1950</u> , to <u>Feb. 16, 1952</u> , that I last saw the deceased alive on <u>Feb. 16, 1952</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. A. Beuion D.O.</u> (Degree or title)		23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>2/18/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 18, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 20/52</u>	REGISTRAR'S SIGNATURE <u>H. R. Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California, Mo</u>	

202-01 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

*A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California, 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.