

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7463**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **273**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (in this place) 47 yrs.		d. STREET ADDRESS (If rural, give location) 1418 Penn Street 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1006 Dewey Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) Earle	b. (Middle) Harold	c. (Last) Spellman	4. DATE OF DEATH (Month) (Day) (Year) March 10, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 4, 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restuarant Operator	10b. KIND OF BUSINESS OR INDUSTRY also Real Estate rentals.	11. BIRTHPLACE (State or foreign country) U	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Matt Spellman	13b. MOTHER'S MAIDEN NAME Eligabeth Mc Roberts	14. NAME OF HUSBAND OR WIFE Arma Spellman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or date of service) None	17. INFORMANT'S SIGNATURE OR NAME Miss. Grace Spellman	ADDRESS St. Joseph, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		?
	DUE TO (c) Arteriosclerosis, generalized		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Decomposition			1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **22 Feb, 1952**, to **6 March, 1952**, that I last saw the deceased alive on **1 March, 1952**, and that death occurred at **7:50P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willie G. McDonald M.D.	23b. ADDRESS 301 N. 8th St.	23c. DATE SIGNED 12 March '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. March 13, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	446	25. FORENSIC DIRECTOR'S SIGNATURE Walter H. Hoyer	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....*****

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working under my personal supervision.

Student Embalmer No.....*****

Signed *Robert E. Harrington*.....

Signed.....****
Student Embalmer

Licensed Embalmer No.....3258 Missouri.

P. O. Address.....St. Joseph, Missouri.

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.