

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12721

FILED APR 28 1952

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3027 Registrar's No. 2

24727

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> <u>0432</u>                                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  | d. STREET ADDRESS (If rural, give location) <u>901 N 2nd</u> <u>0</u>   |  |

|  |             |                           |  |  |  |
|--|-------------|---------------------------|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) |             |                           | 4. DATE OF DEATH<br>(Month) (Day) (Year) |  |  |
| a. (First) <u>Ruben</u>                | b. (Middle) | c. (Last) <u>Spickler</u> | <u>4-19-1952</u>                         |  |  |

|                    |                               |  |                                  |   |                        |                      |                       |                      |
|--------------------|-------------------------------|--|----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>8-4-1869</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HUR. Hours | IF UNDER 1 HUR. Min. |
|--------------------|-------------------------------|--|----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|---|--|

|                                     |  |                             |
|-------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME <u>Not known</u> | 13b. MOTHER'S MAIDEN NAME <u>Not known</u> | 14. NAME OF HUSBAND OR WIFE |
|-------------------------------------|--|-----------------------------|

|   |                                  |  |         |
|---|----------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u> (If yes, give year or dates of service) <u>0</u> | 16. SOCIAL SECURITY NO. <u>0</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Moore (Moore's nursing home)</u> | ADDRESS |
|---|----------------------------------|--|---------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u> |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>Chronic vascular nephritis</u>    |  |   |
|   | DUE TO (c) <u>Devascularized arterio-sclerosis</u>                   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>   |  |  | <u>Unknown</u>                                    |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION <u>44-6 X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u> | 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 March 18, 1952, to April 19, 1952, that I last saw the deceased alive on April 14, 1952, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE <u>S.B. Hughes</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Clinton Mo.</u> | 23c. DATE SIGNED <u>4/21/52</u> |
|---|---------------------------------|---------------------------------|

|   |                            |   |   |
|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-21-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u> |
|---|----------------------------|---|---|

|   |  |   |                           |
|---|--|---|---------------------------|
| DATE REC'D BY LOCAL REG. <u>April 21 1952</u> | REGISTRAR'S SIGNATURE <u>Florence Adam</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u> | ADDRESS <u>Clinton Mo</u> |
|---|--|---|---------------------------|

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**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. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.