

STANDARD CERTIFICATE OF DEATH

State File No. **14909**

FILED MAY 3 - 1952

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PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3812**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Harris			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Houston		(842)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) ADELE		a. (First)		b. (Middle) SPOONTS		c. (Last) WHARTON	
4. DATE OF DEATH 4-21-52		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH March 18, 1882		9. AGE (In years last birthday) 70		if UNDER 1 YEAR Month 1 Day 3		if UNDER 24 HRS. Hour 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Buffalo Gap, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morris Augustus Spoonst		13b. MOTHER'S MAIDEN NAME Josephine Puett		14. NAME OF HUSBAND OR WIFE Clarence Ray Wharton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nadine Gary, Avalon Hotel-St. Louis			
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) Cerebral Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Hypertensive Heart Disease Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years 10 years 4 years	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X			
22. I hereby certify that I attended the deceased from Aug. 18, 1942 , to April 21, 1952 , that I last saw the deceased alive on Apr. 21, 1952 , and that death occurred at 5:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hiram L. Luyt M.D.				23b. ADDRESS 3720 Washy Rd		23c. DATE SIGNED 4/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 5		24b. DATE 4-23-52		24c. NAME OF CEMETERY OR CREMATORY Houston		24d. LOCATION (City, town, or county) (State) Houston, Texas	
DATE REC'D BY LOCAL REG. APR 22 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD mjs		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd			

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

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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 Arnold W. Schene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.