

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5502</u>		Registrar's No. <u>48</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>					
b. CITY OR TOWN <u>Montrose</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Montrose</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bear Creek Turp.</u>				d. STREET ADDRESS (If rural, give location) <u>Bear Creek Turp.</u>					
3. NAME OF DECEASED (Type or Print) <u>HANNAH E. SPIRGEON</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH		(Month) (Day) (Year)				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH			
9. AGE (In years last birthday) <u>85</u>		Months <u>8</u>		Days <u>12</u>		10. UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Thomas P. Carbin</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Batts</u>		14. NAME OF HUSBAND OR WIFE _____		
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. P. Rhodes</u>				ADDRESS <u>Montrose, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION <u>None</u>		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) <u>Montrose 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? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>52</u> , to <u>Sept</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>25 Sept</u> , 19 <u>52</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert O. Olson M.D.</u>				23b. ADDRESS <u>Appleton City, Mo</u>			23c. DATE SIGNED <u>28 Sept</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept 29-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		422- <u>6</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. D. Sansant</u>		ADDRESS <u>Clinton, Mo</u>	

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

420

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 W. H. Fausant

Licensed Embalmer No. 3779

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.