

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **42112**

JAN 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **69**

1420  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Henry</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>BENTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Windsor</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lincoln</b>	
c. LENGTH OF STAY (in this place) <b>5 MONS</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Rest Home</b>			

<b>3. NAME OF DECEASED</b> a. (First) <b>Earl</b> b. (Middle) <b>Teasdale</b> c. (Last) <b>Spangenberg</b>			<b>4. DATE OF DEATH</b> (Month) <b>Dec</b> (Day) <b>26</b> (Year) <b>1952</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	
<b>8. DATE OF BIRTH</b> <b>Nov. 29 1872</b>		<b>9. AGE</b> (In years last birthday) <b>80</b>		<b>10. BIRTHPLACE</b> (State or foreign country) <b>Windsor, MO</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Wesley Spangenberg</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Hannie Minter</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lucy Spangenberg</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Francis Spangenberg Lincoln, Mo</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cancer of Small Intestine</b>		<b>MEDICAL CERTIFICATION</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> <b>found in portion of Esophagus</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>18. CAUSE OF DEATH</b>		<b>DUE TO (b)</b>			
		<b>DUE TO (c)</b>			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>			
		<b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Windsor Henry Mo</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from May 17, 1952, to Dec 26, 1952, that I last saw the deceased alive on 12-26-52, 1952, and that death occurred at 1:55 Pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Earl Windsor</b> (Degree or title) <b>MD</b>		<b>23b. ADDRESS</b> <b>Windsor Mo</b>		<b>23c. DATE SIGNED</b> <b>12-24-52</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>Dec 28, 1952</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Harmony Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Benton Co. Mo</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>Dec-28-52</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Florence Adams</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John J. Keser</b>	
				<b>ADDRESS</b> <b>Lincoln, Mo</b>	

APR 7 1953

**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 *John F. Reser* \_\_\_\_\_

Licensed Embalmer No. *4098* \_\_\_\_\_

P. O. Address *Warsaw* \_\_\_\_\_

**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.