

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44674**
Registrar's No. **3**

FILED FEB 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>242</u>		PRIMARY REG. DIST. NO. <u>4362</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY OR TOWN <u>MOREHOUSE</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>MOREHOUSE</u> <u>0720</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>SPALDING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-22-1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 15 1871</u>	
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RET FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (City and State or foreign Country) <u>LINN PRARIE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH</u>		14. NAME OF HUSBAND OR WIFE <u>LUCAS MAY WILLIAMS SPALDING</u>	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr C.A. Eaker - Morehouse</u> ADDRESS <u>MO</u>			
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) <u>Acute Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> ANTECEDENT CAUSES 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. <u>4222</u>					
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) _____		21f. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>12-20</u> 19 <u>52</u> , to <u>12-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>52</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Jones, MD</u> (Degree or title)				23b. ADDRESS <u>Morehouse, Mo</u>		23c. DATE SIGNED <u>1-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12-23-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SPALDING</u>		24d. LOCATION (City, town, or county) (State) <u>DIXON MO</u>	
DATE REC'D BY LOCAL REG. <u>2/7-53</u>		REGISTRAR'S SIGNATURE <u>Thomas M. Shetter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsch Funeral Home - Dixon Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

57, 20

FEB 18 1953

FEB 10 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 Raymond Jones

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.