

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27542**
Registrar's No. **52**

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6241**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY OR TOWN Rural - Bretton Twp.		c. CITY OR TOWN Rural - Bretton Twp.	
c. LENGTH OF STAY (In this place) 3 yrs		d. STREET ADDRESS (If rural, give location) Hopewell 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hopewell			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Spinks Jr		4. DATE OF DEATH (Month) (Day) (Year) July 17 '53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 3 1873
9. AGE (In years, months, days) 80 5 14		9. AGE (In years, months, days) 80 5 14	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (City and State or Foreign Country) St Charles Mo.		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME John H. Spink		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary E. Spink	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Milton Spink ADDRESS Granite City Mo	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis + infarctus of old age ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

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) Retinal		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bretton Twp. Washington Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bretton Twp. Washington Mo.	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. L. Gibson D-C. Canon (Degree or title)		23b. ADDRESS Peterson, Mo		23c. DATE SIGNED 7/17/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-20-53		24c. NAME OF CEMETERY OR CREMATORY Sun Set Hills Cem	
24d. LOCATION (City, town, or county) (State) Madison Co Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Luther Spink		ADDRESS Peterson Mo	
DATE REC'D BY LOCAL REG. 7/17/53		REGISTRAR'S SIGNATURE H. Brut			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1953

AUG 5 1953

REC'D 7 29 1953

RECEIVED
DEPT. OF HEALTH
153-55519

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 Murphy Sparke

Licensed Embalmer No. 4036

P. O. Address Flat River, 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.