

FILED MAY 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12663**
Registrar's No. **218**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hudson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	
c. LENGTH OF STAY (In this place) 3 Mo.		d. STREET ADDRESS (If rural, give location) South Allen St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeview Rest Home			

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle)	c. (Last) SPIJKER	4. DATE OF DEATH (Month) (Day) (Year) 4 13 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-30-1863	9. AGE (In years last birthday) 90	10. IF UNDER 1 YEAR Months 11 Days 13	11. IF UNDER 2 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Gardener	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME R.W. Spilker	ADDRESS Wichita, Kansas
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Pyocardial Degeneration 6 mos		INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Advanced age		
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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1953**, 19___, to **4-13**, 19**54**, that I last saw the deceased alive on **4-12**, 19**54**, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE C. L. Durden, M.D.	(Degree or Title)	23b. ADDRESS Macon	23c. DATE SIGNED 4-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-15-1954	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Macon Mo.
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DATE REC'D BY LOCAL REG. 5/8/54	REGISTRAR'S SIGNATURE Ruth McNeely	185-0	25. FUNERAL DIRECTOR'S SIGNATURE R. Leslie Bram	ADDRESS Macon, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

610
4

RECEIVED 5.10.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 554.84
Date Filed 5.19.54

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 R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Macon, 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.