

FILED JUN 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20004

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Molino</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 WKS</u>		e. STREET ADDRESS (If rural, give location) <u>RFD #1.</u> <u>00401</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Woodland Hospital.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kathreen</u>	b. (Middle)	c. (Last) <u>Spitzner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1954</u>
--	----------------------------	-------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 9, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-------------------------	----------------------------------	--	--	--	---------------------------	--------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Breckenridge, Colo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>John Williams</u>	13b. MOTHER'S MAIDEN NAME <u>(Unk) Strickland</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Spitzner</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>430-37-7139</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. P. Spitzner, Molino, Mo.</u>	ADDRESS
--	---	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH <u>34 Hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Chronic Gallbladder & stones</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute Hydrops.</u>			

19a. DATE OF OPERATION <u>June 4</u>	19b. MAJOR FINDINGS OF OPERATION <u>Common Duct stone</u>	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>584 X</u>
--	--	---

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 Apr 28, 1954 to June 8, 1954, that I last saw the deceased alive on June 1954, and that death occurred at 11:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Moberly, Mo</u>	23c. DATE SIGNED <u>10 June 54</u>
--------------------------------------	-------------------	------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain Co., Mo.</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6-12-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Arnold Funeral Home, Mexico, Mo.</u>
--	---	--	--

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

JUN 1 1954

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.....
Signature of Student Embalmer

Signed *Richard Y. McDonald*

Licensed Embalmer No... *482*

P. O. Address... *Memphis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.