No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36817

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ozark
c. LENGTH OF STAY (in this place): 30 Mins.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Automobile on Square

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregonri
b. COUNTY: Klamath
c. CITY OR TOWN: Klamath Falls
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3332 Boardman Avenue 8860 8

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): MAE
c. (Last): SPOON (ALSO AS NOBLE)

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15-1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 26, 1915
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (City and State or Foreign Country): Phoenix, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Charles Hammond
13b. MOTHER'S MAIDEN NAME: Sadie Flecher
14. NAME OF HUSBAND OR WIFE: Glenn D. Spoon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 541-28-8734
17. INFORMANT'S SIGNATURE OR NAME: Ward-Klamath Fnr. Home
ADDRESS: Klamath Falls, Oregon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Failure

Arterionephrosclerosis with help of

DUE TO (c) Cirrhosis of Liver

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 5810

19a. DATE OF OPERATION: XXXXXXXXXXXXXXXXXX
19b. MAJOR FINDINGS OF OPERATION: Above Findings taken from Autopsy Report.
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Loretta M. Leonard
(Degree or title): Local Registrar
23b. ADDRESS: Ozark, Missouri
23c. DATE SIGNED: 11-16-'54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-16-1954
24c. NAME OF CEMETERY OR CREMATORY: Ward-Klamath Fnr. Home
24d. LOCATION (City, town, or county) (State): Klamath Falls, Oregon

DATE REC'D BY LOCAL REG.: Nov 24-54
REGISTRAR'S SIGNATURE: Loretta M. Leonard 54-0
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris
ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 439

P. O. Address Clever, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.