

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41792

State File No. ....

FILED JAN 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 586 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL LAW CREEK</u>		c. CITY OR TOWN <u>LAW CREEK TWP</u>	d. Is 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>WIFE</u>		e. STREET ADDRESS (If rural, give location) <u>3 MILES NORTH Stover 0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 MILES NORTH Stover</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>AMELIA</u> c. (Last) <u>SPEARING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 25 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>APRIL 26, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORGAN County MO.</u>	
13a. FATHER'S NAME <u>ANTON WITTE</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE RUGEN</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY SPEARING</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY SPEARING</u> ADDRESS <u>Stover MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Gallbladder</u>		DUPLICATE OF (a) <u>Cancer of Gallbladder</u>		<u>1 year</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.		_____		_____	

19a. DATE OF OPERATION <u>October</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Gallbladder + Metastasis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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) _____		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 Sept, 1954, to Dec., 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth Kauffman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Des Moines, Mo.</u>		23c. DATE SIGNED <u>Dec 28, 1954</u>	
---	--	-------------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 28 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PYRAMONT CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MORGAN COUNTY MO.</u>	
---	--	-------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>Jan 1, 1955</u>		REGISTRAR'S SIGNATURE <u>Wm L. Ruppberger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Stevinson</u> ADDRESS <u>Stover Mo.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *J. L. Stevenson*.....

Licensed Embalmer No. *407*.....

P. O. Address *Stover*.....

**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.**