

FILED JAN 31 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 168

BIRTH NO. _____		REG. DIST. NO. <u>28</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>BOONE</u> <u>01052</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY OR TOWN <u>COLUMBIA</u>		c. LENGTH OF STAY (in this place) <u>53 DAYS</u>		c. CITY OR TOWN <u>SULLIVAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ELLIS FISCHER STATE CANCER HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>71 RUSSELL ST. 0351</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>—</u> c. (Last) <u>SPINDLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 23 1955</u>				
5. SEX <u>M O W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9/25/76</u>	
9. AGE (In years) (at birthday) <u>78</u> Months <u>3</u> Days <u>29</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FRANKLIN Co. Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>SAM SPINDLER</u>		13b. MOTHER'S MAIDEN NAME <u>BARBARA SHAFNER</u>		14. NAME OF HUSBAND OR WIFE <u>LOUISE SPINDLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS ELLIS FISCHER STATE CANCER HOSPITAL</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of vomitus</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 <u>Squamous Carcinoma of buccal mucosa with metastases</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>4 1/2 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>144X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
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 <u>4-18</u> , 19 <u>49</u> , to <u>1-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-23</u> , 19 <u>55</u> , and that death occurred at <u>830A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard E. Johnson, M.D.</u>				23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>1-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sullivan Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>Jan 23 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. P. Shaffer</u>		ADDRESS <u>Sullivan Mo</u>	

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 *Thomas B. Shaper*.....

Licensed Embalmer No. *267*.....

P. O. Address *Sullivan*.....

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.