

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 115-B

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield)		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 month		e. STREET ADDRESS (If rural, give location) 529 Cherry St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) FLORENCE	b. (Middle) M.	c. (Last) SPAIN	4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 3, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 0 Days 29	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk	10b. KIND OF BUSINESS OR INDUSTRY Office	11. BIRTHPLACE (City and State or Foreign Country) (R.F.D.) Monett, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas E. Jackson	13b. MOTHER'S MAIDEN NAME Fountainella Bolin	14. NAME OF HUSBAND OR WIFE Norman E. Spain (decs)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 497-12-7036	17. INFORMANT'S SIGNATURE OR NAME Mrs. Virgil Rhea	ADDRESS Springfield, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis Post prandial		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Obstructive jaundice DUE TO (c) Duodenal ulcer.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5410			

19a. DATE OF OPERATION 1-28-55	19b. MAJOR FINDINGS OF OPERATION Duodenal ulcer stenosing ac.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" 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 **1-17, 1953**, to **2-3, 1955**, that I last saw the deceased alive on **2-2, 1955**, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE G. L. Swirell (Degree or title) M.D.	23b. ADDRESS Prof. Bldg. Springfield Mo. 2/4/55	23c. DATE SIGNED 2/4/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/4/55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Monett, Missouri
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DATE REC'D BY LOCAL REG. 2-8-55	REGISTRAR'S SIGNATURE E. A. Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Buchanan Funeral Home	ADDRESS Monett, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 3 1955

APR 5 1955

MAY 8 1955

MAY 5 1955

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 Lewis Glaser

Licensed Embalmer No. 380

P. O. Address Springfield

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.