

FILED FEB 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 1771

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>Quincy</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>720 Ohio</u>	

3. NAME OF DECEASED (Type or Print) <u>Ora Spilker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 23, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ursa Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>James Mayfield</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Meltabarger</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Ernest Spilker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H H Stormer Quincy Illinois</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebral/accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>52 hrs.</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		19b. MAJOR FINDINGS OF OPERATION		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>Quincy Illinois Adams</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1-29-55, 1955, to 1-31-55, 1955, that I last saw the deceased alive on 1-31-55, 1955, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ron Strong</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>Jan 31-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/2/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenmount Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy Illinois</u>	

DATE REC'D BY LOCAL REG. <u>Jan 31-1955</u>		REGISTRAR'S SIGNATURE <u>Edm. Lucke</u>		189-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stormer Funeral Home Quincy Ill</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 4 1955
MARION CO. HEALTH DEPT.
DATE FILED FEB 4 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 This Body Was not embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Hand
Licensed Embalmer No. 45
P. O. Address Ann Arbor

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