

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32539

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 43

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u> | |
| b. CITY OR TOWN <u>Jerico Spg.</u> | c. LENGTH OF STAY (in this place) <u>10 yr</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Spg.</u> <u>Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0220</u> | |

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|--|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARA-</u> b. (Middle) <u>E</u> c. (Last) <u>SPANGLER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-24-1955</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>11-4-1875</u> | 9. AGE (in years last birthday) <u>79</u> | IF UNDER 1 YEAR Days <u>11</u> Hours <u>10</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Stockton, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>A. J. Edge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah-J. Edge</u> | | 14. NAME OF HUSBAND OR WIFE <u>C. R. Spangler</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>C. R. Spangler</u> ADDRESS <u>Jerico Spg.</u> | |

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|--|--|---|--|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>yes</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>arteriosclerotic Cardio-Vascular disease</u> | | II. OTHER SIGNIFICANT CONDITIONS. <u>422</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input 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) m. | | 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 11/26/54, 1954, to 10-19, 1955, that I last saw the deceased alive on 10-19, 1955, and that death occurred at 11 P. m., from the causes and on the date stated above.

| | | | | | |
|---|---|---|--|----------------------------------|--|
| 23a. SIGNATURE <u>Wm. B. Richter M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Stockton Mo</u> | | 23c. DATE SIGNED <u>10.31.55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>10-27-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Gum Spg. Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>3 S. Stockton, Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-9-1955</u> | REGISTRAR'S SIGNATURE <u>Norma Timmerman</u> <u>477-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. King</u> ADDRESS <u>Jerico Spg. Mo</u> | | | |

(Licensed Embalmers' Statement on Reverse Side)

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
Student Embalmer

Signed.....

Licensed Embalmer No. 3914

P. O. Address Green Bay

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.