

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2533**

FILED JAN 31 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) FARMINGTON		c. CITY OR TOWN FARMINGTON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 318 West First	

3. NAME OF DECEASED (Type or Print) a. (First) MILTON b. (Middle) SOPAS c. (Last) SPAUGH			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 14, 1887	9. AGE (In years last birthday) Months Days 69 0 7	IF UNDER 1 YEAR IF UNDER 1 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and State or Foreign Country) FARMINGTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JOHN M. SPAUGH	13b. MOTHER'S MAIDEN NAME EVA L. COPAS	14. NAME OF HUSBAND OR WIFE GRACE SLEETH SPAUGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. M. C. SPAUGH, Farmington, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH 3 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatoid Arthritis DUE TO (c) antemortem heart disease		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7220	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)
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 Nov 1954, to Jan 21, 1956, that I last saw the deceased alive on Jan 21, 1956, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Carleton M.D.	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 1-23-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 24, 56	24c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEMETERY
24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON, MO.		

DATE REC'D BY LOCAL REG. Jan. 23, 1956	REGISTRAR'S SIGNATURE Ethier Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS COZEAN FUNERAL HOME, FARMINGTON, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 1958

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.....
C. A. Cozart

Licensed Embalmer No. 408

P. O. Address Farmington

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.