FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1055

Registration District No. 128 Primary Registration District No. 5463 Registrar's No. 27-B

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN (Fair Grove) Jackson Township — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fair Grove, Mo — Length of stay in Hospital 77 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Fair Grove — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Fair Grove, Mo — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Marion Middle: Monroe Last: Spain
4. DATE OF DEATH Month: Jan Day: 7 Year: 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 6, 1879
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Greene Cty., Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Allen Spain
14. MOTHER'S MAIDEN NAME Eveline Webb
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Myrtle Spain Address Fair Grove, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure with cardiac irregularity. — INTERVAL BETWEEN ONSET AND DEATH 3 weeks 16 Dec 56 to 30 Dec 56
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive heart disease. — 5 yrs.
DUE TO (c) Generalized arteriosclerosis & obesity. — 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 6, 1957, to Jan. 7, 1957 and last saw him alive on Jan 6, 1957
Death occurred at 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Macdonnell MD.
22b. ADDRESS Marshfield, Mo.
22c. DATE SIGNED 10 Jan 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 10, 1957
23c. NAME OF CEMETERY OR CREMATORY Bassville
23d. LOCATION (City, town, or county) Greene (State) Mo.
24. FUNERAL DIRECTOR Ralph H. Thieme ADDRESS Springfield, Mo
25. DATE RECD. BY LOCAL REG. 1-14-57
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. Le Mason .....

Licensed Embalmer No. 4568

P. O. Address Springfiel

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