

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5742

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>126</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 hrs.</u>		c. CITY OR TOWN <u>Cole Camp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				e. STREET ADDRESS <u>Route, Williams' Twnsp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>			b. (Middle) <u>JAMES</u>		c. (Last) <u>SPINAR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 8, 1894</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Agriculture</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank J. Spinar</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Barta</u>			14. NAME OF HUSBAND OR WIFE <u>Jane Witherwax Spinar</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes, World War I</u>			16. SOCIAL SECURITY NO. <u>495-40-3735</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jane Spinar, Rt. 1, Cole Camp, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. OCCASION <u>SUICIDE</u> HOMICIDE _____		21b. PLACE OF INJURY (In, in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>1894</u> , <u>1956</u> , to <u>12 Feb, 1957</u> , that I last saw the deceased alive on <u>12 Feb, 1957</u> , and that death occurred at <u>2:35 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Donald C. Porter M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>			23c. DATE SIGNED <u>12 Feb 1957</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/15/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-14-'57</u>		REGISTRAR'S SIGNATURE <u>Luvinio Coontz, Deputy</u>			25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rhane Ewing</u> Sedalia, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 & 5 1951

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. *Ruane Ewing*

Licensed Embalmer No. 5847

P. O. Address Sedalia, Mo.

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.