

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

757 021520  
State File No. \_\_\_\_\_

FILED JUN 27 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 125

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackgon</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackgon</u> |                                      |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prarie Township</u>           |  | c. LENGTH OF STAY (In this place) <u>3 Days</u>   | c. CITY OR TOWN <u>Lake hotawana</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>           |                                      |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Orphus</u> b. (Middle) <u>B.</u> c. (Last) <u>Spidle</u> |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1957</u>   |                                      |

|  |                           |   |                                     |  |   |  |
|--|---------------------------|---|-------------------------------------|--|---|--|
| 5. SEX <u>m</u>  | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>w</u> | 8. DATE OF BIRTH <u>Feb 2, 1877</u> | 9. AGE (In years last birthday) <u>80</u>                          | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____       |
| 10a. USUAL OCCUPATION (Give kind of work done, not of the office, even if retired) <u>H.O.A.A.</u> |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>                |                                     | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>American</u> |

|                                  |   |  |
|----------------------------------|---|--|
| 13a. FATHER'S NAME <u>Samuel</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Graves</u> | 14. NAME OF HUSBAND OR WIFE <u>Anne Spidle</u> |
|----------------------------------|---|--|

|   |                                     |   |               |
|---|-------------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Roscoe Spidle, Lake hotawana, Mo</u> | ADDRESS _____ |
|---|-------------------------------------|---|---------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart disease</u>  |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized Arterio Sclerosis</u> |  |   |
|   | DUE TO (c) _____   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? <u>3</u><br>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) _____ | 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 6-15, 1957 to 6-17, 1957, that I last saw the deceased alive on 6-17, 1957, and that death occurred at 5:45 Pm., from the causes and on the date stated above.

|   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Philip Jager M.D.</u> | 23b. ADDRESS <u>Leas Summit, Mo</u> | 23c. DATE SIGNED <u>6-17-57</u> |
|---|-------------------------------------|---------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6-17-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton City, Hamilton, Mo</u> | 24d. LOCATION (City, town, or county) (State) _____ |
|---|--------------------------|---|---|

|   |  |   |               |
|---|--|---|---------------|
| DATE REC'D BY LOCAL REG. <u>6-17-1957</u> | REGISTRAR'S SIGNATURE <u>N.B. Langford</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Mortuary, Hamilton, Mo</u> | ADDRESS _____ |
|---|--|---|---------------|

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 25 1954  
REG. 52 NUC

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 *John R. Edman* .....

Licensed Embalmer No. 453

P. O. Address *Kansas City* .....

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.