

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017207  
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 191

|                                                                                                           |  |                                                                                                                                          |                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>                                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b> |                                                                                                                                                          |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirksville</b>                    |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | c. CITY OR TOWN <b>La Plata</b> <b>0610</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Grim-Smith Hospital</b> |  | Length of stay in 1b<br><b>6 days</b>                                                                                                    | d. STREET ADDRESS (If outside, give location)<br><b>Route 2</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Mary</b> Middle <b>Cecile</b> Last <b>Spindler</b> |  |  | 4. DATE OF DEATH<br>Month <b>5</b> Day <b>25</b> Year <b>58</b> |  |  |
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|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-4-84</b> | 9. AGE (In years last birthday)<br><b>73</b> | IF UNDER 1 YEAR<br>Months <b>5</b> Days <b>21</b> | IF UNDER 24 HRS.<br>Hours <b>-</b> Min. <b>-</b> |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|---------------------------------------------------|--------------------------------------------------|

|                                                                                                                 |  |                                   |                                                                     |                                            |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Marion Co. Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|-----------------------------------------------------------------------------------------------------------------|--|-----------------------------------|---------------------------------------------------------------------|--------------------------------------------|

|                                              |  |                                                 |  |                                                               |  |
|----------------------------------------------|--|-------------------------------------------------|--|---------------------------------------------------------------|--|
| 13a. FATHER'S NAME<br><b>William Samuels</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Lowrey</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Charles DeWitt Spindler</b> |  |
|----------------------------------------------|--|-------------------------------------------------|--|---------------------------------------------------------------|--|

|                                                                                                                |  |                                        |                                             |  |                                 |
|----------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------------------------------|--|---------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <b>NO</b> (unknown)) (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO.<br><b>NONE</b> | 17. INFORMANT<br><b>CHARLES D. SPINDLER</b> |  | Address<br><b>LA PLATA, MO.</b> |
|----------------------------------------------------------------------------------------------------------------|--|----------------------------------------|---------------------------------------------|--|---------------------------------|

|                                                                                                                                                             |                                            |               |                                                                                                   |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> |                                            |               | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 DAYS</b>                                                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                                  | DUE TO (b) <b>General Arteriosclerosis</b> | <b>3 yrs?</b> |                                                                                                   |
|                                                                                                                                                             | DUE TO (c) <b>331X</b>                     |               |                                                                                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                           |                                            |               | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|                                                                                                           |  |  |                                                                                              |  |  |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |  |
| 20c. TIME OF INJURY<br>Hour <b>8:20 A.</b> Month, Day, Year                                               |  |  |                                                                                              |  |  |

|                                                                                                   |  |                                                                                          |                                                        |                        |                     |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>Kirksville, Mo.</b> | COUNTY<br><b>Macon</b> | STATE<br><b>Mo.</b> |
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|                                                                                                                                                                                                                                     |  |  |  |  |  |
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| 21. I attended the deceased from <b>5-19-58</b> to <b>5-25-58</b> and last saw her alive on <b>5-25-58</b><br>Death occurred at <b>8:20 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |  |  |
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|                                                        |  |  |                                        |  |                                    |
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| 22a. SIGNATURE<br><b>J. J. Jones</b> (Degree or title) |  |  | 22b. ADDRESS<br><b>Kirksville, Mo.</b> |  | 22c. DATE SIGNED<br><b>5-27-58</b> |
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|                                                            |  |                                  |                                                                   |                                                                           |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> |  | 23b. DATE<br><b>MAY 28, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>NEW HARMONY CEMETERY</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Macon County, Mo.</b> |  |
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| 24. FUNERAL DIRECTOR<br><b>WILSON FUNERAL HOME</b> |  | ADDRESS<br><b>La Plata, Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>6-5-1958</b> | 26. REGISTRAR'S SIGNATURE<br><b>Dora W. Pate</b> |  |
|----------------------------------------------------|--|--------------------------------|-------------------------------------------------|--------------------------------------------------|--|

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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 ... *Kenneth M. Wilson* .....

Licensed Embalmer No. *4701* .....

P. O. Address *La Plata, 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.