

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029848

STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural		Length of stay in 1b 4 years	d. STREET ADDRESS (If outside, give location) Rt 1, Box 726		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Napoleon Middle B. Last Spain			4. DATE OF DEATH Month 8 Day 18 Year 58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-28-1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 6 Day 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Richard Spain		13b. MOTHER'S MAIDEN NAME Sallie Holderfield		14. NAME OF HUSBAND OR WIFE Effie Spain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 41-18-7096	17. INFORMANT Address A. Mrs. Lucille Walker, Rt. 1 Hayti		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral-Vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) A.S.O. disease with Hypertensive DUE TO (c) Cardio-Vascular disease.					INTERVAL BETWEEN ONSET AND DEATH 443 X
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from 7-18-1957 to 8-17-58 and last saw ^{her} him alive on 8-17-58 Death occurred at 10110 p on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <i>John W. German</i>			22b. ADDRESS Hayti, Missouri		22c. DATE SIGNED 8-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-20-58	23c. NAME OF CEMETERY OR CREMATORY East Woodlawn		23d. LOCATION (City, town, or county) (State) Hayti, Missouri
24. FUNERAL DIRECTOR John W. German, Hayti, Missouri		25. DATE RECD. BY LOCAL REG. 8-19-58		26. REGISTRAR'S SIGNATURE <i>John W. German</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No significant will be listed. All diseases in Part I must be causally related.

AUG 27 1958

8581 27 800
CRUHERVILLE, MO.

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 H. German*
Licensed Embalmer No. *4355*

P. O. Address *Hayts, 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.