Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033416
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 168

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Troy — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 500 Cap-Aus-Gris — Length of stay in 1b 2 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN 0570 Troy — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Farm Res. — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First William Middle None Last Spielhagen
4. DATE OF DEATH Month Sept. Day 6 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 29, 1884
9. AGE (In years last birthday) 74 — 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 Gen. Farming
11. BIRTHPLACE (City and state or country) Lincoln Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Spielhagen
13b. MOTHER'S MAIDEN NAME Wilhemina Redlich
14. NAME OF HUSBAND OR WIFE Susie B. Spielhagen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 490-40-4846
17. INFORMANT Susie Spielhagen, Troy, Missouri. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

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) Atherosclerosis
DUE TO (c) 331X

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? YES ☐ NO X

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 Apr. 1954, to Sept 1958 and last saw alive on Sept. 6, 1958
Death occurred at 9:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. C. Lerch M.D. (Degree or title)
22b. ADDRESS Troy Mo.
22c. DATE SIGNED 9/7/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/8/58
23c. NAME OF CEMETERY OR CREMATORY Anderson Hill Cem
23d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri

24. FUNERAL DIRECTOR ADDRESS Kemper-Marsh Funeral Home, Troy, Mo.
25. DATE RECD. BY LOCAL REG. 9-17-58
26. REGISTRAR'S SIGNATURE Charlotte Lock per J. Shafer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

JAN 27 1959

VS FEB 24 1961

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, XXXX....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.