

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000616
STATE FILE NUMBER

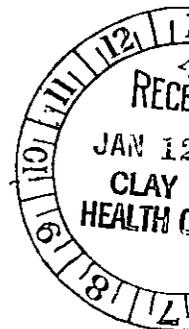
JAN 13 1958 Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 9

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Plattsburg,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 538 E. Mill St.		Length of stay in lb 1 year	d. STREET ADDRESS (If outside, give location) 304 Broadway		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Maggie Lee Spessard			4. DATE OF DEATH Month Day Year Jan 5 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 26, 1868		9. AGE (In years from birthday) 90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clinton County c		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Josiah Stoutimore		13b. MOTHER'S MAIDEN NAME Ellen J. Clark		14. NAME OF HUSBAND OR WIFE Allen M. Spessard	
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. None	17. INFORMANT Address Eleanor Porter, Liberty, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) athero-sclerotic Generalized cardio-cerebrovascular disease					INTERVAL BETWEEN ONSET AND DEATH 10 yrs or more
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture, rt. femur.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Jan. 1958 to Jan. 5, 1959 and last saw her alive on Dec. 31, 1958 Death occurred at 7:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L.D. Schroeder, M.D.			22b. ADDRESS Liberty, Mo.		22c. DATE SIGNED 1/5/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Stony Point		23d. LOCATION (City, town, or county) (State) Clinton County, Missouri
24. FUNERAL DIRECTOR ADDRESS Lyon Funeral Home, Inc Plattsburg			25. DATE RECD. BY LOCAL REG. 1-10-59	26. REGISTRAR'S SIGNATURE Robert Graham	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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



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 *Frederic E. Cox*

Licensed Embalmer No. *4893*
P. O. Address *Clatsburg, Vt.*

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.