

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000863

STATE FILE NUMBER

JAN 26 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Washington</u> 0362
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>604 S. Jefferson St.</u>		Length of stay in 1b <u>55 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>604 S. Jefferson St.</u>
3. NAME OF DECEASED (Type or print) <u>Edward E. Spunhorst</u>		First Middle Last	4. DATE OF DEATH Month <u>Jan.</u> Day <u>21</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Groceries</u>	9. AGE (In years last birthday) <u>86</u>
11. BIRTHPLACE (City and state or country) <u>Prabou, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gerhart Spunhorst</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Narup</u>	14. NAME OF HUSBAND OR WIFE <u>Sophie Spunhorst</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, pay of unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-20-3718</u>	17. INFORMANT <u>Walter Wunderlich, Washington, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-vascular Renal Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u>			<u>20 yrs</u>
DUE TO (c)			
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 <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 a.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from <u>July 1947</u> to <u>Jan 21 1959</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Dec 22 1958</u> Death occurred at <u>11:05 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Mr. Edward E. Spunhorst, Jr.</u>		22b. ADDRESS <u>2nd &amp; Elm Washington Mo</u>	22c. DATE SIGNED <u>1-22-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>Jan. 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
24. FUNERAL DIRECTOR <u>Nieburg &amp; Witt, Inc., Washington, Mo</u>		25. DATE REGD. BY LOCAL REG. <u>1/23/59</u>	26. REGISTRAR'S SIGNATURE <u>J.P. Hedemera</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lester A. Vitt* .....

Licensed Embalmer No. *3254* .....

P. O. Address *Washington, D.C.* .....

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.