

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020196

FILED VS 24 1960
 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 29

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VERSAILLES</u>		Length of stay in 1b <u>21 mos.</u>		c. CITY OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kidwell's-Nursing-Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>808 COLORADO-Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Rosella-Elizabeth</u> Middle <u>Spalding</u> Last <u>Spalding</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>16</u> Year <u>1960</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6 July-1899</u>		9. AGE (last birthday) <u>80.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Cole-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
13a. FATHER'S NAME <u>Brumley-CRANE</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH-PIERCE</u>			14. NAME OF HUSBAND OR WIFE <u>Edward-L-Spalding</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>ANNA-Meyer-ELDON-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-Renal Syndrome</u>							INTERVAL BETWEEN ONSET AND DEATH <u>years</u>		
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) <u>Cerebral hemorrhage & hemiplegia</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) <u>NONE</u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>NONE</u>		Month, Day, Year							
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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION <u>NONE</u>		COUNTY		STATE	
21. I attended the deceased from <u>Feb 11, 1960</u> to <u>May 16, 1960</u> and last saw her alive on <u>May 15, 1960</u> Death occurred at <u>5:40 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>J L Washburn M.D</u>				22b. ADDRESS <u>Versailles-Mo</u>				22c. DATE SIGNED <u>18 MAY-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>		23b. DATE <u>18 MAY-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eugene-</u>		23d. LOCATION (City, town, or county) <u>Eugene-MO</u>			
24. FUNERAL DIRECTOR <u>Keith McKay</u>				ADDRESS <u>ELDON-MO</u>		25. DATE RECD. BY LOCAL REG. <u>18 MAY-1960</u>		26. REGISTRAR'S SIGNATURE <u>J L Washburn</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.