

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030386

FILED VS AUG 19 1960

144

Primary Registration District No. 4234

Registrar's No. 90

STATE FILE NUMBER

ENDED

| | | | | | | | |
|--|---|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Iron | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton | | Length of stay in 1b 2 da. | | c. CITY OR TOWN Ironton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 612 North Main | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First NETTIE Middle SPITZMILLER Last | | | | 4. DATE OF DEATH Month Aug. Day 6 Year 1960 | | | |
| 5. SEX fem | 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 Nov 9 93 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and state or country) Graniteville Mo. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME David Gray | | | 13b. MOTHER'S MAIDEN NAME Ada Belle Sweeney | | | 14. NAME OF HUSBAND OR WIFE John B. Spitzmiller | |
| 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. no | | 17. INFORMANT Address Ray Spitzmiller, Ironton Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic CARCINOMA OF LIVER | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) CARCINOMA OF UTERUS | | | | | | 18 mos. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Pyelitis. | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 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.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 8-9-56 to 8-6-60 and last saw her ^{her} _{him} alive on 8-5-60 Death occurred at 7.45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Druggist or title) Marvin C. Henry M.D. | | | | 22b. ADDRESS Ironton, Missouri | | 22c. DATE SIGNED 8-9-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 8-8-60 | 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | | 23d. LOCATION (City, town, or county) (State) Ironton, Mo. | | |
| 24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo. <i>Annie White</i> | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. 8-9-60 | 26. REGISTRAR'S SIGNATURE <i>Mrs. Lois Jones</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 19 1960

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 *Amel White*

Licensed Embalmer No. 3012

P. O. Address Instructor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.