

# R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041686

FILED VS NOV 28 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1157A STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Length of stay in 1b <u>5 Days</u>		c. CITY OR TOWN <u>THAYER</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>ST. JOHN'S HOSP.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>SPANGLER</u> Last <u>SPANGLER</u>			4. DATE OF DEATH <u>NOV. 15 1960</u> Month <u>NOV.</u> Day <u>15</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/26/96</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>        </u> Days <u>        </u> Hours <u>        </u> Min. <u>        </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>SUPT. ENARK LUMBER CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TIMBER SUPER.</u>		11. BIRTHPLACE (City and state or country) <u>PEIDMONT, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>WILLIAM SPANGLER</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH WARD</u>		14. NAME OF HUSBAND OR WIFE <u>MAUD DEAN SPANGLER</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>489-05-6781</u>		17. INFORMANT Address <u>MRS. MAUD SPANGLER, THAYER, 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>Hypertensive and arteriosclerotic heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 months</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)					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 <u>August 1959</u> to <u>Nov 15, 1960</u> and last saw him alive on <u>11-14-60</u> Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Elmer M. Purcell, M.D.</u>			22b. ADDRESS <u>609 Cherry St, Springfield</u>		22c. DATE SIGNED <u>11-21-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11/17/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>THAYER CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>THAYER, MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H.H. LOHMEYER FUNERAL HOME</u> <u>SPRINGFIELD, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>11-22-60</u>		26. REGISTRAR'S SIGNATURE <u>Effie B. Nelson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 68 AON

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed RL McCann

Licensed Embalmer No. 272

P. O. Address Spangley

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