MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007879

AMENDED

Registration District No. 49 Primary Registration District No. ~~#969~~ Registrar's No. ~~#69~~ 5 STATE FILE NUMBER

FILED VS MAR 15 1961

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mack's Creek
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Camden
c. CITY OR TOWN: Mack's Creek
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Maudie Middle: Jane Last: Spiers
4. DATE OF DEATH: Month: March Day: 10 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb. 4, 1896
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
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): Mack's Creek, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Bazel Parrack
13b. MOTHER'S MAIDEN NAME: Cora Isabelle Nations
14. NAME OF HUSBAND OR WIFE: Floyd W. Spiers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Floyd W. Spiers Address: Mack's Creek, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Failure	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cancer in Intestine	3 months
DUE TO (c)	Carcinomatosis - primary crany	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Congestive Failure

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept. 1960 to March 1961 and last saw her ~~him~~ alive on March 10, 1961
Death occurred at 3:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Kenneth D. Kilgury DO (Degree or title)
22b. ADDRESS: Macks Creek Mo
22c. DATE SIGNED: 3-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: March 12, 1961
23c. NAME OF CEMETERY OR CREMATORY: Mack's Creek Cemetery
23d. LOCATION (City, town, or county) (State): Mack's Creek, Missouri

24. FUNERAL DIRECTOR: Walter G. Hedges ADDRESS: Walter Hedges Funeral Home Camdenton, Mo.
25. DATE RECD. BY LOCAL REG.: March 12-1961
26. REGISTRAR'S SIGNATURE: Elda Eldred

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4265

P. O. Address_____

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.