

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016737

AMENDED Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 236 STATE FILE NUMBER

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

**FILED JUN 12 1961**

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau rural Length of stay in lb 35 years  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. 1 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Cape Girardeau  
c. CITY OR TOWN Cape Girardeau rural Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) R. F. D. 1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
ANTON SPINNER  
4. DATE OF DEATH Month Day Year  
June 7, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1/1/1905 9. AGE (last birthday) 56  
IF UNDER 1 YEAR Months 5 Days 6 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 10b. KIND OF BUSINESS OR INDUSTRY River Transportation-- Ramsbach, Germany-- 11. BIRTHPLACE (City and state or country) U. S. 12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Ludwig Spinner 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Oliva Spinner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address R. 1 Mrs. Anton Spinner Cape Gir., 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) Suffocation INTERVAL BETWEEN ONSET AND DEATH Immediate  
DUE TO (b) Self inflicted means  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  
 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.)  
Tied belt around head post + neck + applied pressure

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
It was fixed so it was taut even after he passed out -

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.) Home 20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Rt 1 Cape Girardeau Cape Gir., MO

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_.  
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. J. Ford Coroner 22b. ADDRESS Cape Girardeau, Mo. 22c. DATE SIGNED 6-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 10, 1961 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery 23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri

24. FUNERAL DIRECTOR ADDRESS Walthers' Funeral Home Mo. 25. DATE RECD. BY LOCAL REG. June 8, 1961 26. REGISTRAR'S SIGNATURE Gene Kasten

JUN 22 1967

MAR 2 1968

**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 Wayne R Brumback

Licensed Embalmer No. 5742

P. O. Address Cape Girardeau

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.