MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-034971
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9207

FILED OCT 13 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Macoupin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b 3 days

c. CITY OR TOWN Carlinville — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 242 E.side of Sq. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SHIRLEY Middle MAE Last SPOON

4. DATE OF DEATH Month OCTOBER Day 3, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-22-44

9. AGE (last birthday) 17 — 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) Student

10b. KIND OF BUSINESS OR INDUSTRY High School

11. BIRTHPLACE (City and state or country) Carlinville, Ill.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Bert Spoon

13b. MOTHER'S MAIDEN NAME Marie Fuller

14. NAME OF HUSBAND OR WIFE never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. Not Available

17. INFORMANT Address Mrs.Marie Spoon, Carlinville, Ill.

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

IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH LESS THAN 6 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) TETRALOGY OF FALLOT (POST- OPERATIVE) — 17 YEARS

DUE TO (c) 7.54.0

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.)

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 JULY 10, 1961, to OCTOBER 3, 1961 and last saw her/him alive on OCTOBER 3, 1961

Death occurred at 9:20 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. D. Vermillion, M. D. M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 10/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-7-61

23c. NAME OF CEMETERY OR CREMATORY Bethel Ridge

23d. LOCATION (City, town, or county) (State) Shaw Point, Twsp., Atwater, Ill.

24. FUNERAL DIRECTOR ADDRESS Wiese Funeral Home, Carlinville, Ill

25. DATE RECD. BY LOCAL REG. OCT 5 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signature of Student Embalmer

Signed Joseph J Kassly

Licensed Embalmer No. 7541

P. O. Address E St Louis, Ill

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.