

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-018256

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

3951

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3951

FILED APR 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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20150 268

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 17 Hrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon		c. CITY OR TOWN Thayer, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Frisco Employes' Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 111 South 6th Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM L. SPANGLER			4. DATE OF DEATH Month Day Year April 6, 1963		5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH 2/25/1877		9. AGE (last birthday) 86		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Rodolphus Spangler			13b. MOTHER'S MAIDEN NAME Emma S. Davis			14. NAME OF HUSBAND OR WIFE Esther			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.			17. INFORMANT Esther Spangler, 111 So. 6th, St. Thayer, Mo.			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Infarction			INTERVAL BETWEEN ONSET AND DEATH 27 hours		
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) Bilateral Bronchopneumonia		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.		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 Thayer, Mo.		COUNTY		STATE	
21. I attended the deceased from April 5, 1963 to April 6, 1963 and last saw her/him alive on April 6, 1963 Death occurred at 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) L. J. ... M.D.						22b. ADDRESS 4960 Laclede			22c. DATE SIGNED 4-6-63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-8-63		23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery		23d. LOCATION (City, town, or county). Thayer, Mo.		(State)			
24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Mo.				25. DATE RECD. BY LOCAL REG. APR 8 1963		26. REGISTRAR'S SIGNATURE Loan Smith, M.O.					

USE BLACK INK OR TYPEWRITER RIBBON

OK
Admission by Taylor
Coroner 4-6-63

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4201

MAY 22 1963

APR 24 1963

JUN 5 1963

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 James Dunbley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo

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.