

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25144

State File No.

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 570			
1. PLACE OF DEATH a. COUNTY MONITEAU 0681				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONITEAU 169					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First) ANNA		b. (Middle) SPAINHOWER		c. (Last)			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		4. DATE OF DEATH (Month) (Day) (Year) JULY 29, 1952			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Jan. 21, 1875		9. AGE (In years last birthday) 77			
				11. BIRTHPLACE (State or foreign country) MONITEAU COUNTY 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME M.M. MAURICE		13b. MOTHER'S MAIDEN NAME KATHERINE ROBERTSON		14. NAME OF HUSBAND OR WIFE CLARENCE SPAINHOWER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER GAMBLE, CALIFORNIA, MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) California Moniteau Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 1, 1952, to July 29, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE J. D. Bacon, D.O.		(Degree or title)		23b. ADDRESS California, Mo.		23c. DATE SIGNED 8/2/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/31/52		24c. NAME OF CEMETERY OR CREMATORY GAMBLE CEMETERY		24d. LOCATION (City, town, or county) (State) CALIFORNIA, MONITEAU, MO.			
DATE REC'D BY LOCAL REG. Aug 5, 1952		REGISTRAR'S SIGNATURE J. R. Papez		25. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME		ADDRESS CALIFORNIA, MO.			

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_____

working under my personal supervision.

Student Embalmer No.....

Signed.....

Hugh E. William

Signed.....
Student Embalmer

Licensed Embalmer No. *3537*

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.