

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031810

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

Registration District No. 98 Primary Registration District No. 4163 Registrar's No. _____

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY <u>Wairross</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jamesport</u> Length of stay in 1b <u>36 yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wairross</u> c. CITY OR TOWN <u>Jamesport</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>VIRGIL</u> Last <u>SPILLMAN</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>28</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 30 - 1888</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ball County, Missouri</u>	
13a. FATHER'S NAME <u>Samuel Spillman</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Hart</u>		14. NAME OF HUSBAND OR WIFE <u>Estelle Spillman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Estelle Spillman Jamesport, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Infarct</u> <u>arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> <u>11/9/63</u>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	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	COUNTY	STATE
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21. I attended the deceased from Aug 25 - 63 to _____ and last saw ^{her} him alive on Aug 28 63
 Death occurred at 4:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J.B. Bailey M.D.</u>	22b. ADDRESS <u>Jamesport Mo</u>	22c. DATE SIGNED <u>8-28-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 31, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>W.A. Robinson Pottsville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-4-63</u>	26. REGISTRAR'S SIGNATURE <u>Virgie M. Englebert</u> <u>W.L.D. Dep.</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1 0310
 2 0310
 3
 4 0
 5 1
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 7 0
 8 0
 9 420-1
 10
 11
 12 90-2
 13 10

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

JAN 28 1964

DEC 10 1963

SEP 14 1964

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 O. L. Roberson

Licensed Embalmer No. 3249

P. O. Address Jonesport 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.