

JAN 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44067

Registration District No. 567

Primary Registration District No. 5763

Registrar's No. 82

1. PLACE OF DEATH:
(a) County Mississippi Rural
(b) City or town _____
(c) Name of hospital or institution: St James Township 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 16 yrs
years, months or days

3. (a) PRINT FULL NAME SCOTT SPILLERS III
8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Wife Gary W. Spillers 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 10
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Perry Piggie

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Gora Potts

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gary Whalen Spillers

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 12/10/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Penhook Shely

18. (a) Signature of funeral director Frank Shely

(b) Address East Prairie Mo.

19. (a) 12-9-39 (b) Marion Hodge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12/9 day _____
year 1939 hour 3:40 minute P.M.
21. I hereby certify that I attended the deceased from New England, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Killed by falling off of truck and wheel passing over his head Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 210
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Dec 9-12 1939
(c) Where did injury occur on high way Miss Co
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
In public place on road
(Specify type of place) _____
While at work? yes (Specify type of place) _____
Means of injury Killed

23. Signature Frank Shely (M. D. or other) _____
Address East Prairie Mo. Date signed _____

MARGIN RESERVED FOR
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A SEPARATE RECORD
V. NO. 2. 50M-5-17-39 Rev. 5-17-39 I X1511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important!

140-528
1-15

RECEIVED
FEBRUARY 11 1966

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
T Lewis N. Shelby

Licensed Embalmer No. *2226*

P. O. Address *East Prairie, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44067
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 567
(b) Township St James Primary Registration District No. 3763 Registered No. 82
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Scott Spillers

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10/1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
34 4 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-10 1939 Mrs D M Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9 1939

22. I HEREBY CERTIFY, That I attended deceased from, 19... to, 19... Death is said to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank S Vernon, M. D.

(Address) Charleston

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK--TYPING

20M-37 X12241

N. B.—Every item of information should be carefully supplied. AGE should be stated in full. REGISTRARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED. PRESCRIBED BY LAW.

CONFIDENTIAL - SECURITY INFORMATION
EXCLUDED FROM AUTOMATIC DOWNGRADING AND
DECLASSIFICATION