

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH767
State File No. 8149

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Trenton		c. LENGTH OF STAY (in this place) 1 life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton, Missouri		1 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home				d. STREET ADDRESS (If rural, give location) 913 Kitty			
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE			b. (Middle) E.		c. (Last) Spickard		4. DATE OF DEATH (Month) (Day) (Year) MAR 15 1949
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR 13 1875	9. AGE (In years last birthday) 73		# UNDER 1 YEAR Months 11 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor on Rock Island		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Grundy Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles S. Spickard		13b. MOTHER'S MAIDEN NAME Melissa Eubritt		14. NAME OF HUSBAND OR WIFE Genoa Spickard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 708-10-7953		17. INFORMANT'S SIGNATURE OR NAME Genoa Spickard			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 8 mos	
		ANTECEDENT CAUSES Morbid 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. 4500					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1 Sept, 1948, to March 15, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 7:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. A. Duffy, M.D.				23b. ADDRESS Trenton Mo.		23c. DATE SIGNED March 17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 18 March 1949		24c. NAME OF CEMETERY OR CREMATORY Maple Brook Cemetery		24d. LOCATION (City, town, or county) (State) Trenton Mo	
DATE REC'D BY LOCAL REG. 3/18/49		REGISTRAR'S SIGNATURE Gene Saw		25. FUNERAL DIRECTOR'S SIGNATURE Lipson by Gordon Plackner		ADDRESS Trenton	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 1949

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 _____

J. Gordon Bladner

Signed _____
Student Embalmer

Licensed Embalmer No. *4602*

P. O. Address *Trenton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.