

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37038**

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 609

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonesboro 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) Jane c. (Last) Spry			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 13, 1865
9. AGE (In years last birthday) 84		10. MONTH 0	11. DAY 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chariton Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George W. Isle	
13b. MOTHER'S MAIDEN NAME Elizabeth Spry		14. NAME OF HUSBAND OR WIFE Steven C. Spry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Luman Spry ADDRESS Fayette, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH about 3 yrs. 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. Large thrombosis l. leg. 331X 3 days.	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 Oct 29, 1949 to Nov 7, 1949 , that I last saw the deceased alive on Nov 7, 1949 , and that death occurred at 7:30 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Mr. J. H. Shaw, M.D.		23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 11/9/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/9/49	24c. NAME OF CEMETERY OR CREMATORY Boonesboro Cemetery	24d. LOCATION (City, town, or county) (State) Boonesboro, Mo
DATE REC'D BY LOCAL REG. 11-9-49	REGISTRAR'S SIGNATURE Mary K. Shell	404	25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Carr ADDRESS Fayette, Mo

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

(Licensed Embalmers' Statement of Reverse Side)

NOV 95

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-18-49

NOV 22 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Ralph A. Cass

Signed _____
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.