

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12641**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 378			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. LENGTH OF STAY (In this place) 39 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		03910			
d. FULL NAME OF HOSPITAL OR INSTITUTION 651 W. Calhoun				d. STREET ADDRESS (If rural, give location) 651 W. Calhoun					
3. NAME OF DECEASED (Type or Print) a. (First) Sophia			b. (Middle)		c. (Last) Spears		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 18, 1877		9. AGE (In years last birthday) Months Days Hours Min. 73 1 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY In Home		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Phillip Stahler			13b. MOTHER'S MAIDEN NAME Kathryn Wasam			14. NAME OF HUSBAND OR WIFE Jesse W. Spears			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Ament Springfield, 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus						INTERVAL BETWEEN ONSET AND DEATH 30 min 4 20 1 2 yrs	
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) Springfield Greene, Mo.					
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 Apr. 18, 1950 , to Apr 20, 1950 , that I last saw the deceased alive on Apr. 18, 1950 , and that death occurred at 9 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. Wiley M.D.				23b. ADDRESS 609 Cherry St.			23c. DATE SIGNED Apr 21 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 23 1950		24c. NAME OF CEMETERY OR CREMATORY Eastlawn		24d. LOCATION (City, town, or county) (State) Springfield, Missouri			
DATE REC'D BY LOCAL REG. 4-22-50		REGISTRAR'S SIGNATURE W. E. Hawley M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Norman Schmitt		ADDRESS Springfield, Mo		

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

APR 27 1950

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
Student Embalmer

Signed *Lewis G. Schayff*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, M*

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.