

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13828

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedon</u> <u>1661</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>212 W. 2nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 W. 2nd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>HELEN</u> c. (Last) <u>SPEARMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>DEC. 10, 1873</u>
9. AGE (In years last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BRUNLEY, MO. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES THOMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>VICTORIA SINGLETARY</u>	
14. NAME OF HUSBAND OR WIFE <u>William S. Spearman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Wright</u>		ADDRESS <u>Jessamine, Mo.</u>	
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 <u>Jan 1948</u> to <u>May 5, 1950</u> , that I last saw the deceased alive on <u>July 3, 1948</u> , and that death occurred at <u>L.P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. Allen</u> (Degree or title)		23b. ADDRESS <u>Sedon, Mo.</u>	
23c. DATE SIGNED <u>5/6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jessamine</u>	24d. LOCATION (City, town, or county) (State) <u>Jessamine, Mo.</u>
DATE RECD BY LOCAL REG. <u>May 6, 1950</u>	REGISTRAR'S SIGNATURE <u>Oliver W. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis N. Phillips</u> ADDRESS <u>Sedon</u>	

(Licensed Embellisher's Stamp on Reverse Side)

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

0661

MAY 18 1950

District File Number

District Health Officer No. 9,

MAY 8 1950

RECEIVED

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

Louis A. Sullivan

Licensed Embalmer No. 3663

P. O. Address Eden

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.