

FILED JAN. 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41418

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3040 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mooresville, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Agne</u>	b. (Middle) <u>Amelia</u>	c. (Last) <u>Spears</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-30-50</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White (US)</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>6-9-1872</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months	# UNDER 24 HOURS Hours	# UNDER 2 MIN. Min.
10a. 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>Mooresville 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Hodgins</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Stamper</u>	14. NAME OF HUSBAND OR WIFE <u>W.D. Spears</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Maurice Spears, Chillicothe, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min) _____	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 Nov 1, 1950, to Dec. 30, 1950, that I last saw the deceased alive on Dec. 30, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

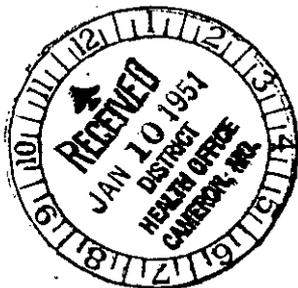
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Jan 5 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mooresville</u>	24d. LOCATION (City, town, or county) (State) <u>Mooresville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan-1-51</u>	REGISTRAR'S SIGNATURE <u>Francis B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>	ADDRESS <u>Chillicothe, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2594
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NOV 18 1953

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... *Edward F. Norman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.