

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15697

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 520

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>Ruehanan</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Greene</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>St Joseph</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>Spickard</i> | |
| c. LENGTH OF STAY (in this place) <i>19 days</i> | | d. STREET ADDRESS (If rural, give location) <i>0400 /</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital # 2</i> | | | |

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| 3. NAME OF DECEASED a. (First) <i>Aretta</i> b. (Middle) <i>M.</i> c. (Last) <i>Spickard</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>5 9 1951</i> | | |
| 5. SEX <i>Female</i> | | 6. COLOR OR RACE <i>White</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | |
| 8. DATE OF BIRTH <i>Sept 3, 1897</i> | | 9. AGE (In years last birthday) <i>53</i> | | 10. <i>8 6</i> | |

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|---|--|---|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if seasonal) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i> | | 11. BIRTHPLACE (State or foreign country) <i>Calh Mo</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>America</i> | |
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| 13a. FATHER'S NAME <i>Emas Magee</i> | | 13b. MOTHER'S MAIDEN NAME <i>McCall</i> | | 14. NAME OF HUSBAND OR WIFE <i>John Spickard</i> | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>no</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>John Spickard</i> | | | | ADDRESS <i>Spickard Mo</i> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Nephritis</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Urea retention 67% of blood urea</i> | | | | | | <i>4 25, 7, 1 mo</i> | |
| | | DUE TO (c) <i>Very psychotic</i> | | | | | | <i>20 days</i> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>590X</i> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | |
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| 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 *4-20, 1951*, to *5-9, 1951*, that I last saw the deceased alive on *5-9, 1951*, and that death occurred at *4 25 PM*, from the causes and on the date stated above.

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|-------------------------------------|--|-------------------|--|---|--|-------------------------------------|--|
| 23a. SIGNATURE <i>C. Cassina</i> | | (Degree or title) | | 23b. ADDRESS <i>State Hospital # 2</i> | | 23c. DATE SIGNED <i>5-9-1951</i> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Remove</i> | | 24b. DATE <i>May 10-51</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Spickard Mo Cem</i> | | 24d. LOCATION (City, town, or county) (State) <i>Spickard Mo</i> | |
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| DATE REC'D BY LOCAL REG. <i>May 15, 1951</i> | | REGISTRAR'S SIGNATURE <i>Carl C. Casty</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Little Schooler</i> | | ADDRESS <i>Funeral Home Spickard Mo</i> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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2

MS APR 28 1958

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 _____

John Roy Stoney

Signed.....
Student Embalmer

Licensed Embalmer No. *2435*

P. O. Address *Albany*

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.