

No. 38
10. 48

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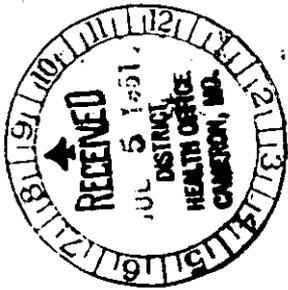
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19328

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4006 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FILLMORE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FILLMORE</u>	
c. LENGTH OF STAY (In weeks) <u>87 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>		b. (Middle) <u>ADELAIDE</u>	
c. (Last) <u>SPICER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 26 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAR. 26 1861</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>DAPAUVILLE, NEW YORK</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CHARLES W. SPICER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY HOLLIDAY</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ED. DENNEY</u>		ADDRESS <u>FILLMORE, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FILLMORE MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10:48</u>		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>June 1948</u> to <u>June 26, 1951</u> , that I last saw the deceased alive on <u>May 30, 1951</u> , and that death occurred at <u>10:48</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) <u>M. S. Holliday MD</u>		23b. ADDRESS <u>FILLMORE MO</u>	
23c. DATE SIGNED <u>6/28-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JUNE 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FILLMORE</u>	
24d. LOCATION (City, town, or county) (State) <u>FILLMORE, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pittzinger</u>	
DATE REC'D BY LOCAL REG. <u>6-28-51</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	
ADDRESS <u>Oregon Mo</u>		ADDRESS	

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



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: James H. Pittzjahr

Licensed Embalmer No. 3192

P. O. Address Oregon 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.