

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36051**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **200**

0972

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 8yrs.		d. STREET ADDRESS (If rural, give location) 410 E. Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 E. Washington			

3. NAME OF DECEASED a. (First) Lucy b. (Middle) Lenna c. (Last) Spears			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1951		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mairred	
8. DATE OF BIRTH July 29 1916		9. AGE (In years last birthday) 35		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 12 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	
11. BIRTHPLACE (State or foreign country) Nelson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Author Washington		13b. MOTHER'S MAIDEN NAME Ora Johnson		14. NAME OF HUSBAND OR NEXT OF KIN Garfield Spears	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Garfield Spears, Marshall, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hemolytic Anemia		DUE TO (b) Sickle Cell type		DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.	
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 checked="" 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 **Nov 1**, 19**51**, to **Nov 5**, 19**51**, that I last saw the deceased alive on **Nov 5**, 19**51**, and that death occurred at **9:15pm.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS [Address]		23c. DATE SIGNED 11/7/51	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. NAME OF CEMETERY OR CREMATORY Nelson, Mo. Cemetery		24c. LOCATION (City, town, or county) (State) Nelson, Saline, County, Mo	
DATE REC'D BY LOCAL REG. Nov 8-1951		REGISTRAR'S SIGNATURE Sidney J Gray		FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]	

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

RECEIVED NOV 13 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed NOV 13 1951

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 _____

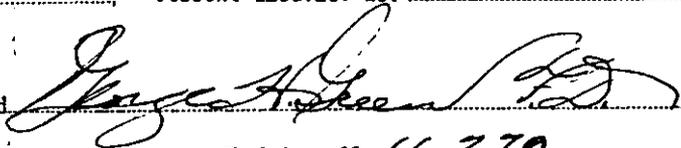
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed-Embalmer No. 4270

P. O. Address Marshall, Missouri

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.