

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15840

State File No. ....

FILED MAY 28 1952

BIRTH NO. 28013 REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4097 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville</u>	c. LENGTH OF STAY (in this place) <u>3 hours</u>	c. CITY OR TOWN <u>Rural, Austin, 0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. N.E. of Archie</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>May</u> c. (Last) <u>Spinning</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 - 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 16 - 1952</u>	9. AGE (In years last birthday) <u>5</u>	UNDER 1 YEAR Months	1 YEAR Days	IF UNDER 2 RES. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Harrisonville Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>				

13a. FATHER'S NAME <u>Robb Spinning</u>	13b. MOTHER'S MAIDEN NAME <u>Louella Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, specify) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robb Spinning Archie</u>	ADDRESS <u>Archie Mo R 2</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mongolian idiot</u> DUE TO (c)		
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"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 16 May, 1952, to 16 May, 1952, that I last saw the deceased alive on 16 May, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

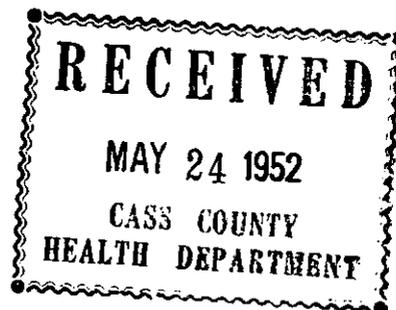
23a. SIGNATURE <u>Leoburn Ellis</u> (Degree or title) /	23b. ADDRESS <u>Garden City Mo</u>	23c. DATE SIGNED <u>17 May 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 17 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 21, 1952</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagon Bros</u> ADDRESS <u>Harrisonville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. ....

*Not to be embalmed.*

Signed \_\_\_\_\_

*W. H. Johnson*

Signed.....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*3920*

P. O. Address \_\_\_\_\_

*Harrisonville,*

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.)

*Mo.*

If this body is not embalmed, fact should be so stated above.