

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19101
State File No. _____

FILED MAY 21 1952

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6165 Registrar's No. 4

1040

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

1. PLACE OF DEATH a. COUNTY STONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STONE	
b. CITY (If outside corporate limits, write RURAL and give township) HURLEY	c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) HURLEY 1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) NANNIE	b. (Middle) (NONE)	c. (Last) SPEARS	4. DATE OF DEATH (Month) (Day) (Year) MAY 5 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW ✓	8. DATE OF BIRTH MARCH 1 - 1881
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 12 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) MOISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JAMES CHINES	13b. MOTHER'S MAIDEN NAME EFFIE WILSON	14. NAME OF HUSBAND OR WIFE HENDERSON LEE SPEARS
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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 KENNETH SPEARS, HURLEY, MO	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Breast.		
	ANTECEDENT CAUSES Morbidity 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. 170X			

19a. DATE OF OPERATION 1946?	19b. MAJOR FINDINGS OF OPERATION Radical Breast Operation done by Dr. F. Farthing	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) m.	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 **Oct 1951**, to **May 5, 1952**, that I last saw the deceased alive on **May 19, 1952**, and that death occurred at **3:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edna M. Murrant M.D.	23b. ADDRESS Crane, Mo.	23c. DATE SIGNED 5/8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 7-1952	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	24d. LOCATION (City, town, or county) (State) CRANE MISSOURI
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DATE REC'D BY LOCAL REG. May 14-52	REGISTRAR'S SIGNATURE Mrs. J. Edmer Murrant	317-0	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Cleves, Mo.
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Edna Murrant (Licensed Embalmer's Statement on Reverse Side)

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.....

John Dean Harris

Licensed Embalmer No.

4390

P. O. Address.....

Cleveland, 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.