

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1953

FILED FEB 3 1953

State Filing Office
Registry's No. 15151

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3/27/53

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Jane Chinn Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Joplin Mo.	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 1828 Porter	
d. FULL NAME OF HOSPITAL OR INSTITUTION Webb City, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) John Emory	b. (Middle) Spruce	c. (Last) Spruce	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 14 1878	9. AGE (In years last birthday) 74	10 UNDER 1 YEAR Months	11 UNDER 12 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) California, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph Spruce	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Emmett Spruce Joplin Mo
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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) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis 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 1/22, 1953 to 1/25, 1953, that I last saw the deceased alive on 1/25, 1953, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm. Wello, Jr. M.D.</i>	23b. ADDRESS 927. W. DuPont	23c. DATE SIGNED 1/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 27, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo
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DATE REC'D BY LOCAL REG. Jan 28-1953	REGISTRAR'S SIGNATURE Mrs. Madeline Sinton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Arnce Simpson Mortuary Webb City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0432

RECEIVED 2-2-53
Jasper County Health Office

County File Number 53/2/99

Date Filed 2-2-53

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 Harry E. O'Connell

Licensed Embalmer No. 4463

P. O. Address W. City, 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.