

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8634**

APR 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Knox City Missouri.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Community Nursing Home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRANKLIN</b>	b. (Middle) <b>PIERCE</b>	c. (Last) <b>SPICER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 19 1953</b>
-------------------------------------	----------------------------	---------------------------	-------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 13 1871</b>	9. AGE (In years last birthday) <b>82</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>6</b>	11. UNDER 18 Hrs. Min. <b>6</b>
-----------------------	----------------------------------	--	--	--	---	------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail Carrier</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hancock Co. Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	--	---

13a. FATHER'S NAME <b>Ben Spicer</b>	13b. MOTHER'S MAIDEN NAME <b>Emilane Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Spicer</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Spicer</b>	ADDRESS <b>Knox City Mo.</b>
---	--	---	---------------------------------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Pulmonary Emphysema</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b> DUE TO (c) <b>Cerebro-Vascular Atrophy</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sclerosis -</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>due to Hypertensive Cerebrovascular Changes</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **April 1952** to **Mar 19 1953**, that I last saw the deceased alive on **Mar 18 1953**, and that death occurred at **5:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clair W. Boone</b>	23b. ADDRESS <b>Kirksville Mo</b>	23c. DATE SIGNED <b>3-20-53</b>
---	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 21 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Knox City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Knox City Missouri</b>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>3-31-53</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Deeger</b>	ADDRESS <b>Knox City Mo.</b>
--	--	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1953

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 *Mrs J. W. Hudson*.....

Licensed Embalmer No. *2972*.....

P. O. Address *Edina, Ma.*.....

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.