

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18392**

FILED MAY 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4240</u>		Registrar's No. <u>100</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs 7000</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>town</u>				d. STREET ADDRESS (If rural, give location) <u>town</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u> (Middle) <u>J</u> (Last) <u>Spillers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-1-1953</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan-29-1857</u>		9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	IF UNDER 10 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Redfield Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Wm. H. Spillers</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Harris</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence P Spillers</u>				ADDRESS <u>Blue Springs Mo.</u>	
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 <u>2 1/2 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>				DUPLICATE OF (a) <u>Arterial sclerotic vascular disease</u>				DUPLICATE OF (a) <u>10 yrs +</u>	
ANTECEDENT CAUSES Morbid 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.									
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) <u>447X</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>7-7</u> , 19 <u>48</u> , to <u>4-29</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-19</u> , 19 <u>53</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Merrill R. Bay MD.</u>				23b. ADDRESS <u>Blue Spr. Mo</u>		23c. DATE SIGNED <u>5-1-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lamonte</u>		24d. LOCATION (City, town, or county) (State) <u>Lamonte Mo</u>				
DATE REC'D BY LOCAL REG. <u>5-4-53</u>		REGISTRAR'S SIGNATURE <u>W. C. Bradford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u>		ADDRESS <u>Blue Springs Mo</u>			

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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.....

Signed.....

R. B. Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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