

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20664**

LED JUN 30 1953

BIRTH NO. _____		REG. DIST. NO. 27	PRIMARY REG. DIST. NO. 3005	Registrar's No. 60
1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates		
b. CITY OR TOWN Butler	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler 0071		
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial		d. STREET ADDRESS (If rural, give location) Butler Q		
3. NAME OF DECEASED (Type or Print) John Edward Spears		a. (First) John	b. (Middle) Edward	c. (Last) Spears
4. DATE OF DEATH (Month) (Day) (Year) 6 24 53				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-26-1881	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Motorman		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Bates County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James W. Spears		13b. MOTHER'S MAIDEN NAME Mary Jane Tillery		14. NAME OF HUSBAND OR WIFE _____
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 James Spears ADDRESS Chillicothe Mo
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medication of Syphilis		INTERVAL BETWEEN ONSET AND DEATH Not known
		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 153 X		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) Butler Mo Bates Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 May 10th, 1953 , to June 24, 1953 that I last saw the deceased alive on 6-27, 1953 and that death occurred at 10 P.M. from the causes and on the date stated above.				
23a. SIGNATURE J. D. LaRue M.D.		23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 6-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-27-53	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Butler, Missouri
DATE REC'D BY LOCAL REG. June 27 1953		REGISTRAR'S SIGNATURE Randall Arvey		25. FUNERAL DIRECTOR'S SIGNATURE Culver-Underwood-Butler Mo. ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer.

Signed

John A. Henderson

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.