

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. LENGTH OF STAY (in this place) <i>36 yrs</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>4625 E. 9th Str.</i>	
e. STREET ADDRESS (If rural, give location) <i>19 4625 E. 9th Str.</i>		3198 0	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Nona</i> b. (Middle) <i>Bell</i> c. (Last) <i>Spicer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>JAN 13 1954</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Mar 19, 1874</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>79</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Cole Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
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13a. FATHER'S NAME <i>Johnson H. Crowson</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Francis Smart</i>	14. NAME OF HUSBAND OR WIFE <i>John Spicer</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Nettie Crowson, 4625 E. 9th St.</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypostatic pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>72 hrs.</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis</i>		
	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)	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 *Nov. 1953*, to *Jan 13, 1954*, that I last saw the deceased alive on *Jan 13, 1954*, and that death occurred at *1:45 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <i>G. W. Thompson</i>	(Degree or title) <i>D.O. - 2</i>	23b. ADDRESS <i>705 Bryant Bldg.</i>	23c. DATE SIGNED <i>1/14/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>1-14-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>—</i>	24d. LOCATION (City, town, or county) (State) <i>Fulton Missouri</i>
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DATE REC'D BY LOCAL REG <i>1-14-54</i>	REGISTRAR'S SIGNATURE <i>Sheldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Maurin Matvey</i>	ADDRESS <i>Fulton, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Fred  
Thompson  
705 Bryant  
Blky.  
Dr. 2462

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No...45...  
P. O. Address Kansas, Ca

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.