

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **ELEC APR 14 1954** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **153**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN	c. LENGTH OF STAY (In this place) 2 DYS	c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0498
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 714 N. SERGEANT	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ADELINE	c. (Last) SPYRES	4. DATE OF DEATH (Month) (Day) (Year) MAR 31 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH SEPT 25, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) TOLA, KANSAS	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME J.P. MCGOY	13b. MOTHER'S MAIDEN NAME MARGARETTA HANGLAND	14. NAME OF HUSBAND OR WIFE J.E. SPYRES (DECEASED)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS DORA RUSH	ADDRESS 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, 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) Chronic carditis.		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intertrochanteric fracture of right hip. DUE TO (c)		2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9020 21	

19a. DATE OF OPERATION ----	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-29-54 9pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell out of bed.
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22. I hereby certify that I attended the deceased from **3-29**, 19**54**, to **3-31**, 19**54**, that I last saw the deceased alive on **3-31**, 19**54**, and that death occurred at **4:25** p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS 410 Jackson, Joplin, Missouri	23c. DATE SIGNED 4-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 3, 1954	24c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PARK	24d. LOCATION (City, town, or county) (State) JOPLIN MO
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DATE REC'D BY LOCAL REG. 4-10-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Joplin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 13
Jasper County Health Office
County File Number 544-2
Date Filed APR 13 19

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..... Dale Geo

Licensed Embalmer No. 45

P. O. Address... Jasper

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.