

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11169

State File No.

FILED APR 22 1954

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5093 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural New Home Twp.</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Butler Missouri</u>		e. STREET ADDRESS (If rural, give location) <u>399 S. Oakley</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clinton</u>	b. (Middle) <u>Augusta</u>	c. (Last) <u>Spoor</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Apr.</u> <u>17</u> <u>54</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, OR WIDOWED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 24/1898</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. 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) <u>steel worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>steel mills</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CANTRELL IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>C.A. Spoor</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE DREW</u>	14. NAME OF HUSBAND OR WIFE <u>Julia Spoor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>487-05-4432</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Victor Sherman-Kansas City Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possible heart attack-fell</u>		<u>instant</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>into river.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>4343</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>dead on arrival-occured between 12:30 and 1:PM</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Rural</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Home Twp.- Bates Co Mo.</u>
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Smith</u>	(Degree or title) <u>Acting Coroner</u>	23b. ADDRESS <u>Butler Missouri</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. MO-</u>
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DATE REC'D BY LOCAL REG. <u>4-19-54</u>	REGISTRAR'S SIGNATURE <u>Mr. Edna Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Captured Home-K.C. Mo.</u>
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(Licensed Embalmer's Statement of Reverse Side)

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

APR 27 1958

APR 27
APR 28 1958

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 *John Glendon Wood*
Licensed Embalmer No. 358
P. O. Address *Butler*

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.