

FILED JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21761

State File No. _____

No. 300
10.48

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|---|--|---|--|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>333</u> | | PRIMARY REG. DIST. NO. <u>3074</u> | | Registrar No. <u>77</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Sikeston</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 (If not in hospital or institution, give street address or location) <u>Mo. Delta Community Hospital</u> | | | | • STREET ADDRESS (If rural, give location) <u>100 Ruth</u> <u>100.5</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Winiford</u> b. (Middle) <u>Irvin</u> c. (Last) <u>Spears</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-1954</u> | | | | | |
| 5. SEX <u>Male</u> <input type="radio"/> | | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>5-14-1930</u> | | 9. AGE (In years last birthday) <u>24</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Employee</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Baldwin Rubber Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bell City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>United States</u> | |
| 13a. FATHER'S NAME <u>Irvin Spears</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ida Brown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Doris Spears</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>493-32-544</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doris Spears, Sikeston, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Osteophorosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>(a) Hypertension, Arteriosclerosis</u> DUE TO <u>(b) Urine, Terminal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>1 yr</u> <u>10 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>446 X</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | | |
| 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 <u>6-4</u> , 19 <u>54</u> , to <u>6-8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-8</u> , 19 <u>54</u> , and that death occurred at <u>9:10 P.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>G.D. Hester</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Sikeston Mo</u> | | 23c. DATE SIGNED <u>6-9-54</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-10-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>6-16-54</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Hester</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Hester Advance, Mo</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUN 21 1954

SCOTT CO. HEALTH DEPT.

OO. FILE No: 654-119

JUN 25 1954

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 William H. Morgan.....

Licensed Embalmer No. 464.....

P. O. Address Adrian.....

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.