

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36284**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada
c. LENGTH OF STAY (in this place) 48 hrs
c. CITY OR TOWN Nevada
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital
d. Is residence within limits of a city or incorporated town? Yes No 1080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Vernon
No. 0

3. NAME OF DECEASED
a. (First) James b. (Middle) William c. (Last) Mespley
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 9 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH July 26-1906 9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman 10b. KIND OF BUSINESS OR INDUSTRY P.H. Construction 11. BIRTHPLACE (City and State or Foreign Country) Nevada, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Lawrence Mespley 13b. MOTHER'S MAIDEN NAME Corra Ann? 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 Mrs. H. L. Mespley ADDRESS Nevada, 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) Bronchogenic Carcinoma
ANTECEDENT CAUSES
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis left femoral vein

INTERVAL BETWEEN ONSET AND DEATH 6 months

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY: YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9/28, 1954, to 10/9, 1954, that I last saw the deceased alive on 10/9/54, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Morris M.D. (Print or title) 23b. ADDRESS Nevada, Mo. 23c. DATE SIGNED 10/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 11, 1954 24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 24d. LOCATION (City, town, or county) (State) Nevada, Missouri

DATE REC'D BY LOCAL REG. 10-16-54 REGISTRAR'S SIGNATURE Anna E. Ferry 25. FUNERAL DIRECTOR'S SIGNATURE Sammy Funeral Home ADDRESS Nevada

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.....
Signature of Student Embalmer

Signed.....
L. B. Stearns

Licensed Embalmer No. *100*

P. O. Address *Merada*

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.