

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7867

FILED APR 4 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION 1317 W. PHELPS		e. STREET ADDRESS (If rural, give location) 1317 W. PHELPS	

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) D.	c. (Last) SPELLMAN	4. DATE OF DEATH MARCH 29, 1955	(Month) (Day) (Year)
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 6, 1865	9. AGE (in years last birthday) 89	# UNDER 1 MONTH Days	# UNDER 1 YEAR Months	# UNDER 10 HRS. Hours	# UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. CARPENDER	10b. KIND OF BUSINESS OR INDUSTRY RET. CARPENTER	11. BIRTHPLACE (City and State or Foreign Country) OHIO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME RILEY SPELLMAN	13b. MOTHER'S MAIDEN NAME MARY DUMBALL	14. NAME OF HUSBAND OR WIFE WIDOWED
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WERY SPELLMAN	ADDRESS SPRINGFIELD, 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) Acute gastroenteritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Transition		
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) 5711
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 28 Mar, 1955, to _____, 19____, that I last saw the deceased alive on 28 Mar, 1955, and that death occurred at 1:30 a m., from the causes and on the date stated above.

23a. SIGNATURE Henry Knabb, Jr	(Degree or title) MD	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 29 Mar 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-30-55	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI
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DATE REC'D BY LOCAL REG. 3-30-55	REGISTRAR'S SIGNATURE Earth Williams	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klugner	ADDRESS Springfield Missouri
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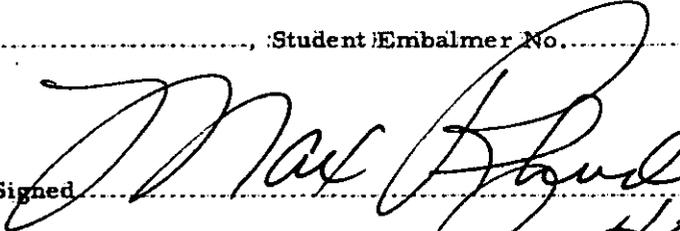
(Licensed Embalmer's Statement on Reverse Side)

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 

Licensed Embalmer No. 40

P. O. Address 

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.