

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21279

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 721

1. PLACE OF DEATH a. COUNTY Buchanan 3		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan 0117	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Washington Twp. St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 37 Yrs		e. STREET ADDRESS (If rural, give location) 1024 Doniphan Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3401 South 11th Street Road			

3. NAME OF DECEASED (Type or Print) a. (First) Percy b. (Middle) Dale c. (Last) Spinden			4. DATE OF DEATH (Month) (Day) (Year) July 13th 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22nd 1899	9. AGE (In years last birthday) 56 Yrs	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) Gardner		10b. KIND OF BUSINESS OR INDUSTRY Garden work	11. BIRTHPLACE (City and State or Foreign Country) Abingdon, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Fred Spinden	13b. MOTHER'S MAIDEN NAME Carrie Jane Bell	14. NAME OF HUSBAND OR WIFE Katie Cordelia Spinden
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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 none	16. SOCIAL SECURITY NO. 491-09-4906	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katie Cordelia Spinden	Ave. ADDRESS City 1024 Doniphan
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heat Stroke		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		E9319 46 611
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. man died suddenly while working in the hot sun			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION There is no history of recent serious illness or disability.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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~~ <sup>viewed</sup> the deceased from 7/14, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy (Coroner) M.D.	(Degree or title) 3	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 7/14/55
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)	24b. DATE July 15-1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. July 20, 1955	REGISTRAR'S SIGNATURE Esther M. Allison	485-21	25. FUNERAL DIRECTOR'S SIGNATURE Alison Meierhoffer	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

OCT 27 1955

JUL 2

**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 *Raymond H. Morehead*.....

Licensed Embalmer No. 4413

P. O. Address ..St.. Joseph, Mo.

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.