

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37034
4795

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY <u>Jackson</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>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 7234 Park</u>				• STREET ADDRESS (If rural, give location) <u>90 7234 Park</u>				<u>3908</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DON</u>			b. (Middle) <u>LEO</u>			c. (Last) <u>SPICER, SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 6 55</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 10th, 1880</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reality & Builder</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Reality Co.</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Clarence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Curtis L. Spicer</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Bill Walker</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs. Dorothy Fay Spicer</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Fay Spicer</u>				ADDRESS <u>7234 Park</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic AS Throm</u>													
19a. DATE OF OPERATION <u>0</u>				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		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) m. <u>0</u>				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>Jan 6, 1945</u> to <u>11-6-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-24</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>P. C. Quistgard</u> (Degree or title) <u>MD</u>						23b. ADDRESS <u>6222 Parkcrest Ct</u>			23c. DATE SIGNED <u>11-7-55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>11-7-55</u>				REGISTRAR'S SIGNATURE <u>Neva Marshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>				ADDRESS <u>1800 E. Linwood</u>	

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

Dr. Owsby
6741 Owsby
Till 4:30

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 *James E. Hachler*.....

Licensed Embalmer No. *457*.....

P. O. Address *KC Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.