

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5136

State File No. \_\_\_\_\_

619

FILED MAR 1 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1427 Euclid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1427 Euclid</u>		3250	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u>		b. (Middle) <u>-</u>	
c. (Last) <u>SPRUELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 9 1956</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>10-17-1871</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Monte City, Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Williams</u>	
13b. MOTHER'S MAIDEN NAME <u>Mellie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>John Spruell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willie Gates</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <u>1427 Euclid</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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES		<u>20 years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>20 years</u>	
DUE TO (b) <u>Arteriosclerosis</u>		<u>4201</u>	
DUE TO (c) <u>Hypertension</u>			
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"/>	
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>Feb 5, 1956</u> , to <u>Feb 9, 1956</u> , that I last saw the deceased alive on <u>Feb 9, 1956</u> , and that death occurred at <u>12:48 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl T. Moore</u> (Degree or title)		23b. ADDRESS <u>6425 E 27th KC. Mo.</u>	
23c. DATE SIGNED <u>2-10-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 15th 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City - Mo.</u>
DATE REC'D BY LOCAL REG. <u>L-10-56</u>	REGISTRAR'S SIGNATURE <u>Elva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. H. B. Moore</u> ADDRESS <u>1820 E. 18th St. Mo.</u>	

WRITE PLAINLY—USING UNEADING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Edelford L Woods

Licensed Embalmer No. 3106

P. O. Address: 1520 N. 5th

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 this body is not embalmed, fact should be so stated above.