

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9321**
1218

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City		c. LENGTH OF STAY (in this place) unknown	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 2116 Woodland Avenue		(If rural, give location) 3320	

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Bell c. (Last) Spearmon		4. DATE OF DEATH (Month) (Day) (Year) 3 19 1956	
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 5, 1910
9. AGE (in years last birthday) 45		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Galena, Kansas		12. CITIZEN OF WHAT COUNTRY? America	

13a. FATHER'S NAME Samuel F. Alexander		13b. MOTHER'S MAIDEN NAME Jessie Stewart		14. NAME OF HUSBAND OR WIFE Harvey J. Spearmon	
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 Everett Perkins, 2944 Wabash ADDRESS	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive G. I. hemorrhage with hemorrhagic shock. ANTECEDENT CAUSES hemorrhagic shock. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable bleeding peptic ulcer. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5400	
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	

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) m.		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 3-1-56, 19 , to 3-19-56, 19 , that I last saw the deceased alive on 3-19-56, 19 , and that death occurred at 2:15 a m., from the causes and on the date stated above.

23a. SIGNATURE W.R. Peterson (Degree or title) M. D.		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-19-56		24c. NAME OF CEMETERY OR CREMATORY Barker Cemetery	
24d. LOCATION (City, town, or county) (State) Granby, Missouri		DATE REC'D BY LOCAL REG. 3-19-56		REGISTRAR'S SIGNATURE Reva Missall	

25. FUNERAL DIRECTOR'S SIGNATURE Culver-Shewmake ADDRESS Granby, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1956

MAY 29 1956

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 *McLampford Jr*

Licensed Embalmer No. *38*

P. O. Address *Leas Dew*

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