

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16609

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1270

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas		b. COUNTY Potter	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Amarillo	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 3508 E. 16th.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Rachel I. Spiller			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-11-1920	9. AGE (In years last birthday) 36	10. IF UNDER 1 YEAR Months
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) Amarillo, Tex.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME W. R. Mc Dowall		13b. MOTHER'S MAIDEN NAME Frankie Wells		14. NAME OF HUSBAND OR WIFE Wess S piller, Jr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther Bates 7409 Virginia			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) sarcomatosis due to reticulum cell sarcoma of breasts ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH about 6 months 2000
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION thrombophlebitis left leg with complete venous obstruction			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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 4-14, 19 56, to 5-22, 19 56, that I last saw the deceased alive on 5-22, 19 56, and that death occurred at 8:15A. m., from the causes and on the date stated above.					
23a. SIGNATURE Richard A. Twyman M.D. Richard A Twyman M.D.			23b. ADDRESS 4635 Wyandotte K. C. Mo.		23c. DATE SIGNED 5-22-56
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 5-22-56	24c. NAME OF CEMETERY OR CREMATORY Lano Cem.	24d. LOCATION (City, town, or county) (State) Amarillo, Tex		
DATE REC'D BY LOCAL REG. 5-23-56	REGISTRAR'S SIGNATURE Neval Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons		ADDRESS Kansas City, Mo.

(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.....

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.