

FILED SEP 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27299

STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 53

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> COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>W.A.S. H'ING-TAN-TWP. MO</u> ^{Rural} Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hickman Mills</u> ¹⁰⁰⁰ Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7804 WALLACE</u>		d. STREET ADDRESS (If outside, give location) <u>7804 WALLACE</u>	
Length of stay in lb <u>35 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MABEL</u> Middle <u>ELSIE</u> Last <u>HARRIS</u>			4. DATE OF DEATH Month <u>August</u> Day <u>21</u> Year <u>1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 5, 1906</u>	9. AGE (In years) <u>50</u> last birthday Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rival Mfgt. Co.</u>		11. BIRTHPLACE (City and state or country) <u>Woodsfield, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>WILLIAM F. SPOHR</u>		14. MOTHER'S MAIDEN NAME <u>EMMA STEED</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N.B.</u>		16. SOCIAL SECURITY NO. <u>5810</u>		17. INFORMANT <u>MRS NELLIE HUESMAN</u> Address <u>7804 WALLACE HICKMAN MILLS</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH <u>Nov 8-55</u>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral of the Jerni</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		
20e. CITY, TOWN, OR LOCATION _____	20f. COUNTY _____		STATE _____
21. I attended the deceased from <u>3/1/55</u> to <u>8/2/56</u> and last saw her alive on <u>8/2/56</u> Death occurred at <u>11:15 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. S. [Signature]</u> (Degree or title)	22b. ADDRESS <u>1010 Proj Bldg, KCMU</u>	22c. DATE SIGNED <u>8/2/56</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-24-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery, Kansas City, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>Dw Newcomer</u> ADDRESS <u>W. S. K. P. No.</u>	25. DATE RECD. BY LOCAL REG. <u>8-24-56</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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..... *Everett L. Smit*

Licensed Embalmer No. *500*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting. 4
If this body is not embalmed, fact should be so stated above.