

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2346

FILED JAN 30 1957

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 3055 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar		c. CITY OR TOWN Bolivar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in the home		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 50 yr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Lucy Francis Spears			4. DATE OF DEATH Jan. 18, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1891	9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking		11. BIRTHPLACE (City and state or country) Kansas	
13. FATHER'S NAME Robert Lee Coffman			14. MOTHER'S MAIDEN NAME Lina Jarman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Jim Spears Bolivar, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure DUE TO (b) Cardiac Tamponade DUE TO (c) Myocardial & Sclerotic changes		INTERVAL BETWEEN ONSET AND DEATH
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 1952 to Jan. 15, 1957 and last saw her alive on Jan. 15, 1957.
Death occurred at 7:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. J. Quimby D.D. (Degree or title)	22b. ADDRESS Bolivar Mo.	22c. DATE SIGNED 1-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial Jan-21-57		Greenwood
23d. LOCATION (City, town, or county)	(State)	
Bolivar, Mo.	Mo.	

24. FUNERAL DIRECTOR Pitts Funeral Home	ADDRESS Bolivar, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 21, 1957	26. REGISTRAR'S SIGNATURE Ralph Gordon
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

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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 *Sidney J. Pitt*

Licensed Embalmer No. *49*

P. O. Address *Bolivar*

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