

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 10 1957

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 57 vs Registrar's No. 43

Health,
& Welfare
Public
Service

S. 300
1-56

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon, Hudson Twp. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Clarence 1020 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth San Length of stay in lb 10 days		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Clarence Last Spare		4. DATE OF DEATH Month March Day 22 Year 1957	
5. SEX Male	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 5, 1873
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 9 Days 17	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER - FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING TEACHING	11. BIRTHPLACE (City and state or country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME Philip Spare	
14. MOTHER'S MAIDEN NAME JARAH MOTTER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS CARRIE SPARE CLARENCE MO Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure			INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Thromboencephalomalacia with cerebral hemorrhage			8 days
DUE TO (c) advanced arteriosclerosis			indefinite
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"/> 2
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 Month, Day, Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from March 12, 1957 to March 22, 1957 and last saw her/him alive on March 22, 1957 . Death occurred at 1:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Edwin J Bell Jr D.O.		22b. ADDRESS Macon, Missouri	
22c. DATE SIGNED 3/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-24-57	23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY	23d. LOCATION (City, town, or county) (State) CLARENCE MO
24. FUNERAL DIRECTOR ADDRESS Chas. V. Greening Clarence MO		25. DATE RECD. BY LOCAL REG. 3/22/57	26. REGISTRAR'S SIGNATURE Ruth M Greely

APR 10 1951

County File No. 457-41
Date Filed 4, 9, 51

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 *Charles V. Greenin*

Licensed Embalmer No. 46

P. O. Address *Claremont*

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.