

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1957

13828

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 29

Health,
& Welfare
Public
Service

300
1-56

All symptoms will be listed. All diseases in Part I must be casually 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 <u>LEWIS</u> <u>I</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LABELLE</u>		c. CITY OR TOWN <u>LABELLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>0560</u> (If outside, give location)	
Length of stay in Ib		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>DAVID</u> Last <u>SPICER</u>			4. DATE OF DEATH Month <u>April</u> Day <u>11</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 3, 1896</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Knob City, Missouri</u>		
13. FATHER'S NAME <u>FRANK SPICER</u>			14. MOTHER'S MAIDEN NAME <u>MARGARET WILKENS SPICER</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World War I</u>	16. SOCIAL SECURITY NO. <u>498-01-3547</u>	17. INFORMANT <u>HELEN SPICER</u>	Address <u>LABELLE, MO.</u>
---	---	--------------------------------------	--------------------------------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</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.) <u>4201</u>		
20c. TIME OF INJURY Hour _____ 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 April 10, '57 to April 11, '57 and last saw her alive on Apr. 11, '57
Death occurred at 9:50 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decease or title) <u>Harry S. Brocksen D.O.</u>	22b. ADDRESS <u>La Belle, Missouri</u>	22c. DATE SIGNED <u>4/12/57</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4/13/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LABELLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>LABELLE, MISSOURI</u>
--	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>Jacobsen, LaBelle, Mo.</u>	ADDRESS <u>LaBelle, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-15-57</u>	26. REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>
---	--------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

16/0

MAY 2 1957

MAY 31 1957

FEB 15 1961

JUL 11 1957

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 *myself*, Student Embalmer No.

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *J. Baker*.....
Licensed Embalmer No. 432

P. O. Address *La Belle, La.*

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.