

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30507

STATE FILE NUMBER

FILED AUG 19 1957

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 154

| | | | | | |
|---|----------------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall, Mo.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Marshall</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>995 W. North</u> | | | Length of stay in lb <u>36 Yrs.</u> | d. STREET (If outside, give location) ADDRESS <u>995 W. North</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Clara Adelia Spears</u> | | | 4. DATE OF DEATH Month <u>Aug.</u> Day <u>11</u> Year <u>1957</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 17-1880</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Edgar Springs, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>Henry W. Hopkins</u> | | | 14. MOTHER'S MAIDEN NAME <u>Mary Eddie Jackson</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>J.D. Spears-Kansas City, 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>Pulmonary embolism</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u> | | | | | <u>7 days</u> |
| DUE TO (c) <u>Hyperkalemia</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>491X</u> | | | | | 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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | | | | |
| 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 |
| 21. I attended the deceased from <u>Aug 8 1957</u> and last saw her alive on <u>Aug 8 1957</u> Death occurred at <u>Marshall, Mo.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Dr. Robert C. Haynes</u> (Deceased or title) | | 22b. ADDRESS <u>Marshall Mo</u> | | 22c. DATE SIGNED <u>8/12/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| <u>Burial</u> | <u>8/14/57</u> | <u>RIDGE PARK</u> | | <u>Marshall, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>J. Leckie</u> | | ADDRESS <u>Marshall, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>8-13-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Cecil A. Read</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

Dr. Robert C. Haynes
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..... *William C. Free*

Licensed Embalmer No. *47*

P. O. Address *Marshall*

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.