

FILED DEC 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40841

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 242

1. PLACE OF DEATH  
a. COUNTY Jasper  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage  
c. LENGTH OF STAY (In this place) 45 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 731 E. Chestnut Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jasper  
c. CITY OR TOWN Carthage  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 731 E. Chestnut 04930

3. NAME OF DECEASED (Type or Print)  
a. (First) LEWIS b. (Middle) ENOCH c. (Last) SPRY  
4. DATE OF DEATH (Month) (Day) (Year) Nov. - 25 - 57

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Oct. 13, 1873 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. carpenter 10b. KIND OF BUSINESS OR INDUSTRY building 11. BIRTHPLACE (City and State or Foreign Country) Bates County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charley Spry 13b. MOTHER'S MAIDEN NAME Lucinda Powell 14. NAME OF HUSBAND OR WIFE Ida E. Monett Spry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 491-12-4896 17. INFORMANT'S SIGNATURE OR NAME Milburn Spry ADDRESS Carthage, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ASTHMA (NON-)TUBERCULOSIS  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO  241X  
21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Oct 1, 1957, to 25 Nov, 19 57, that I last saw the deceased alive on 25 Nov '57, and that death occurred at 5:20a m., from the causes and on the date stated above.

23a. SIGNATURE A. C. Byrd (Degree or title) \_\_\_\_\_ 23b. ADDRESS M.D. 612 South Main, Carthage, Missouri 23c. DATE SIGNED 11/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Nov 27-1957 24c. NAME OF CEMETERY OR CREMATORY Avilla Cemetery 24d. LOCATION (City, town, or county) (State) Avilla, Missouri

DATE REC'D BY LOCAL REG. 11-25-57 REGISTRAR'S SIGNATURE Edy Clinton 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KNELL MORTUARY, Carthage, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Resper County Health Office  
County File Number 57-12-992  
Date Filed DEC 5 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *D. L. Isbell*.....

Licensed Embalmer No. *4970*.....

P. O. Address *Cothage 9*.....

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.