

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Brookfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) <u>624 N. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thurston M.</u> b. (Middle) <u>Spicer</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-57</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unwed</u>	8. DATE OF BIRTH <u>3-15-23</u>	9. AGE (in years last birthday) <u>34</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Callao Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Spicer</u>	13b. MOTHER'S MAIDEN NAME <u>Nattie Downing</u>	14. NAME OF HUSBAND OR WIFE _____			
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. Brown Plessey</u>		ADDRESS <u>Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary occlusion</u>	ANTECEDENT CAUSES			D. O. A.
DUE TO (b) <u>Hypertensive Cardio-vascular</u>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<u>5 yrs.</u>
DUE TO (c) <u>Complete Heart Block</u>	II. OTHER SIGNIFICANT CONDITIONS			<u>2 yrs.</u>
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Serinity</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u> (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 11-28-57, 1957, to 12-29, 1957, that I last saw the deceased alive on 12-27, 1957, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Bohm</u> (Degree or title) <u>md</u>	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>1-2-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/31/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cem</u>	24d. LOCATION (City, town, or county) <u>Brookfield Mo</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>1-3-58</u>	REGISTRAR'S SIGNATURE <u>Walter Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Edwards</u>	ADDRESS <u>Brookfield Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *H. S. Edwards*.....

Licensed Embalmer No. *1961*

P. O. Address *Bevier, Mo.*

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.