

D. J. TURNER

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013893
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 447

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE		
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 62 YRS.	d. STREET ADDRESS 817 S. CAMPBELL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NANNIE Middle MACK Last SPICKARD			4. DATE OF DEATH Month APRIL Day 25 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 26 1895		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK		10b. KIND OF BUSINESS OR INDUSTRY COUNTY COURT	11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CLAUDE E. MACK		13b. MOTHER'S MAIDEN NAME CATHERINE E. McCROSKEY		14. NAME OF HUSBAND OR WIFE WILMER SPICKARD (DEC.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-05-1446		17. INFORMANT Address MRS. ALMON ATKINS SPRINGFIELD, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INFARCTION OF MYOCARDIUM DUE TO IMMEDIATE CAUSE (a) ARTEMOSCLEROTIC CORONARY THROMBOSIS					INTERVAL BETWEEN ONSET AND DEATH Few hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					4201
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 checked="" type="checkbox"/> NO <input 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 <u>11-26-55</u> to <u>4-25-58</u> and last saw ^{her} _{him} <u>live on 4/25/58</u> Death occurred at <u>5:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Shelton T. ...</i>		(Degree or title)		22b. ADDRESS <i>Springfield, Mo.</i>	
22c. DATE SIGNED <i>4/25/58</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4/29/58		23c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEM.	
				23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
24. FUNERAL DIRECTOR H. H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 5-1-58	
				26. REGISTRAR'S SIGNATURE <i>Effie B. Melton</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Paul L. Smiley*

Licensed Embalmer No. *1734*

P. O. Address *Spokane, WA*

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.