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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012664
State File No.

APR 23 1959

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. _____ Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admision). a. STATE <u>Mo</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Alexandria</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alexandria</u>	
c. LENGTH OF STAY (In this place) <u>79 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>At Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle) <u>Spicer</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1959</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>Divorced 3</u>	8. DATE OF BIRTH <u>May 6, 1880</u>	9. AGE (In years last birthday) <u>78</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>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Alexandria Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Charles B. Spicer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary F. Carson</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie Wilcox</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Wilson</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	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 <u>331X</u>	20. AUTOPSY? 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) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 4-1-1928 to 4-8-1959, that I last saw the deceased alive on 4-8-1959, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. H. Shannon D.O. 2</u>	23b. ADDRESS <u>Kahoka Mo</u>	23c. DATE SIGNED <u>4-9-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-8-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burn Vista</u>	24d. LOCATION (City, town, or county) (State) <u>Kerkuk, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>4/14-59</u>	REGISTRAR'S SIGNATURE <u>J. R. Rodgers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>S. H. DeJong</u>	ADDRESS <u>Kerkuk Ia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

B. William De Jong

Licensed Embalmer No. *4519*

P. O. Address

Kirkuk Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.