

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001727

FILED VS JAN 25 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 days		c. CITY OR TOWN Lebanon		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 789 N. Adams		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Leonard Frank McSpadden				4. DATE OF DEATH Month Day Year 1st 9th 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-23-11	9. AGE (last birthday) 45 yrs	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY House Maintenance		11. BIRTHPLACE (City and state or country) Lebanon, Mo		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME John McSpadden			13b. MOTHER'S MAIDEN NAME Mamie Worthy			14. NAME OF HUSBAND OR WIFE Clara McSpadden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 4/18/44 to 2/19/45			16. SOCIAL SECURITY NO. 199032592		17. INFORMANT Address Clara McSpadden, Lebanon, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Pulmonary Congestion and Edema									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old myocardial infarction									
DUE TO (c) Thrombosis, arteriosclerosis coronary artery									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input 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 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		STATE	
21. I attended the deceased from January 7, 1960 to January 9, 1960 and last not not Death occurred at 2:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) D. W. Newcomer				22b. ADDRESS MO V.A. Hospital, Kansas City, Mo				22c. DATE SIGNED 1-9-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-9-60	23c. NAME OF CEMETERY OR CREMATORY LEBANON CEM		23d. LOCATION (City, town, or county) (State) LEBANON MO.				
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. 1-10-60		26. REGISTRAR'S SIGNATURE Norm Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

JAN 25 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas W. Houston

Licensed Embalmer No. 4889

P. O. Address J. C. Ho

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.