RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS OCT 18 1960

DED

-60-038696
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5-5-68 Registrar's No. 497

1. PLACE OF DEATH
a. COUNTY JACKSON (Blue)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 555 SO. ASH — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 555 SO. ASH — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First LIVONIA Middle A. Last SPRADLIN

4. DATE OF DEATH Month OCTOBER Day 12, Year 1960

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced XX

8. DATE OF BIRTH 12-15-1864

9. AGE (last birthday) 95 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC

11. BIRTHPLACE (City and state or country) GREENSBURG, ARKANSAS

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN BLAIR

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT ELVIS SPRADLIN, INDEP. MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1950, to Oct 1960 and last saw her alive on 10/10/60

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred W. Hinch, M.D. (Degree or title)

22b. ADDRESS Kansas City Mo.

22c. DATE SIGNED 10/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 10-13-60

23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY

23d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG. 10-13-60

26. REGISTRAR'S SIGNATURE James H. Craig

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Floyd E. Cass

Signature of Student Embalmer

Licensed Embalmer No. 419

P. O. Address Lindsay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.