URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039172

ILED VS OCT 3 1 1960

STATE FILE NUMBER

NDED

Registration District No. 251 Primary Registration District No. 3648 Registrar's No. 244

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk Township — Length of stay in 1b ----
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1 mile North Maryville — Inside Limits Yes ☐ 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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10710 East 28th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JAMES Middle MICHAEL Last LOTSPEICH
4. DATE OF DEATH Month 10 Day 22 Year 60
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/30/42
9. AGE (last birthday) 18 — 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) Student
10b. KIND OF BUSINESS OR INDUSTRY NW Mo. State College
11. BIRTHPLACE (City and state or country) Harrisonville, Mo. USA
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Harold Lotspeich
13b. MOTHER'S MAIDEN NAME Eleanor Leslie
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)
16. SOCIAL SECURITY NO. 499-44-0883
17. INFORMANT Harold Lotspeich, Address Independence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Spinal Cord injury (Cervical) — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fractured Cervical Vertebrae — Instant
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) Brain laceration
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.) Car he was driving struck by another car
20c. TIME OF INJURY Hour 2:35 a.m. Month, Day, Year 10 22 60
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.) 71 highway
20f. CITY, TOWN, OR LOCATION Maryville COUNTY Nodaway STATE Mo.

21. I attended the deceased from ____ to 10/22/60 and last saw him alive on ____
Death occurred at 2:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. F. Byland (Degree or title) M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 10/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 10/22/60
23c. NAME OF CEMETERY OR CREMATORY Garden City
23d. LOCATION (City, town, or county) (State) Garden City, Missouri

24. FUNERAL DIRECTOR Price Funeral Home, ADDRESS Maryville, Mo.
25. DATE RECD. BY LOCAL REG. 10-22-60
26. REGISTRAR'S SIGNATURE Beao Nolt

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JUL 7 1961

STATEMENT BY LICENSED EMBALMER

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_____ Signed Elim M. Price

Signature of Student Embalmer

Licensed Embalmer No. 1 8 2

P. O. Address Maryvi

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