

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033562

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 4006 Registrar's No. 58

FILED SEP 26 1962

VS 300
-Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Andrew | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fillmore | | Length of stay in 1b | c. CITY OR TOWN Fillmore Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Sherman Middle Winfield Last Spicer | | | 4. DATE OF DEATH Month September Day 16 Year 1962 |
| 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 6-12-85 |
| 9. AGE (last birthday) 77 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired carpenter | 11. BIRTHPLACE (City and state or country) Fillmore, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY self employed | 12. CITIZEN OF WHAT COUNTRY U S A |
| 13a. FATHER'S NAME William W. Spicer | | 13b. MOTHER'S MAIDEN NAME Laura E. Powell | 14. NAME OF HUSBAND OR WIFE Cassie Spicer |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 17. INFORMANT Address Mrs. Cassie Spicer, Fillmore, 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) CEREBRAL-VASCULAR ACCIDENT (NEW) (OLD AND NEW) | | | INTERVAL BETWEEN ONSET AND DEATH 3 DAYS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (OLD) | | | 3 YEARS |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. | Month, Day, Year | | |
| 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 3-24-61 , to 9-16-62 and last saw ^{him} xx alive on 9-14-62 | | Death occurred at 5:58 AM m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <i>William W. Spicer</i> | | 22b. ADDRESS <i>Fillmore, Mo.</i> | 22c. DATE SIGNED 9-18-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 9-18-62 | 23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery | 23d. LOCATION (City, town, or county) Fillmore, Missouri |
| 24. FUNERAL DIRECTOR BREIT & HAWKINS | | ADDRESS SAVANNAH | 25. DATE RECD. BY LOCAL REG. 9-19-62 |
| | | 26. REGISTRAR'S SIGNATURE <i>William W. Spicer</i> | |

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.