

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27410

BIRTH NO.		REG. DIST. NO. 198		PRIMARY REG. DIST. NO. 4310		Registrar's No. 32		
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		c. LENGTH OF STAY (in this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		61		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-</u>				d. STREET ADDRESS (If rural, give location) <u>-</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ANN</u> c. (Last) <u>SPICER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 16 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7-8-98</u>		
9. AGE (In years) (If under 1 year: last birthday) (Months) (Days) (Hours) (Min.) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Welch</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Haron Horton</u>		14. NAME OF HUSBAND OR WIFE <u>Thornton Spicer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thornton Spicer</u> ADDRESS <u>Bevier Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a); (b); and (c)  <i>This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June 16</u> , 19 <u>47</u> , to <u>Aug 16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 16</u> , 19 <u>49</u> , and that death occurred at <u>8:45 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>8-24-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/19/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>		
DATE REC'D BY LOCAL REG. <u>9/6/49</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u> 397		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Edwards</u> ADDRESS <u>Bevier Mo</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1950

NOV 1 1950

RECEIVED SEP 14 1949  
District Health Officer No. 10  
District File Number 9-49-159  
Date Filed SEP 14 1949

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 .....  
Student Embalmer

Signed W. S. Edwards

Licensed Embalmer No. 1961

P. O. Address Wiesmo

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