

No. 300  
10.48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1597

State File No. \_\_\_\_\_

0510

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5597  
30-37 Registrar's No. 6

**1. PLACE OF DEATH**

a. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Centerview Twp

c. LENGTH OF STAY (in this place) 36yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION R R Centerview

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)

a. STATE Missouri b. COUNTY Johnson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural (Centerview)

d. STREET ADDRESS (If rural, give location) R. F. D. Centerview, MO.

**3. NAME OF DECEASED**

a. (First) Vivian b. (Middle) Edward c. (Last) Spicer,

4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1950.

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 16, Dec. 1888 9. AGE (in years last birthday) 61

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

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Platt Co. MO.

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

13a. FATHER'S NAME G. W. Spicer 13b. MOTHER'S MAIDEN NAME Mary Elmore 14. NAME OF HUSBAND OR WIFE Ida Spicer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Mrs. Vivian Spicer ADDRESS Centerview, MO

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) acute pulmonary congestion

ANTECEDENT CAUSES  
DUE TO (b) congestive heart failure

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or conditions causing death.

INTERVAL BETWEEN ONSET AND DEATH 24 hrs.  
2 yrs.  
1343

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK?  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec. 1948 to Jan. 14, 1950 that I last saw the deceased alive on Jan. 14, 1950 and that death occurred at 5:50 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Signature or title) Larry Hackmore, M.D. 23b. ADDRESS Warrensburg 23c. DATE SIGNED 1/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 16 Jan 1950 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill 24d. LOCATION (City, town, or county) (State) Warrensburg, MO.

DATE REC'D BY LOCAL REG. Jan. 16, 1950 REGISTRAR'S SIGNATURE Sacramento 25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips ADDRESS Warrensburg, MO.

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

RECEIVED  
JAN 24 1950  
JOHNSON COUNTY HEALTH DEPT.

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.....

*Leo P. McGuirk*

working under my personal supervision.

Student Embalmer No. *358*

Signed *Leo P. McGuirk*  
Student Embalmer

Signed *R. Q. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, Mo.*

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.