

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7553**

FILED MAR 20 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY OR TOWN <u>Liberal</u>		c. CITY OR TOWN <u>Liberal</u> <u>0060</u>	
c. LENGTH OF STAY (in this place) <u>32 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>C</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>Reid</u>	c. (Last) <u>Spell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1950</u>
-------------------------------------	-------------------------	-------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 12, 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
--------------------	-------------------------------	---	--	---	-----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor M.D.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Physician M.D.</u>	11. BIRTHPLACE (State or foreign country) <u>Roseboro, North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>James Spell</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Crumpler</u>	14. NAME OF HUSBAND OR WIFE <u>Lutie Spell</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lutie Spell</u>	ADDRESS <u>Liberal, Mo.</u>
--	-------------------------------	--	-----------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion (myocardial)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystitis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>585X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	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 Feb 1, 1950, to 3-3, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Nettoburg, Mo.</u>	23c. DATE SIGNED <u>3-7-50</u>
---	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar Missouri</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>March 11, 1950</u>	REGISTRAR'S SIGNATURE <u>Charles O. McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Berkeley</u>	ADDRESS <u>Mulberry, Kans.</u>
--	--	--	--------------------------------

FEB 27 1951

District

District File Number

Date Filed

RECEIVED MAR 17 1950

District Health Office No. 6,

District File Number 350-327

Date Filed 3-18-50

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

J. M. Berkey

Licensed Embalmer No. 1422

P. O. Address Mulberry, Kans

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.