

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13271
1647

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1647</u>		
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Jackson</p>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) township <p style="text-align: center;">21 years</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		548		
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Research Hospital</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">3430 Euclid</p>				
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Eugene</p>			b. (Middle) <p style="text-align: center;">D. Spickerman</p>			c. (Last) <p style="text-align: center;">Spickerman</p>		
4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">April 6 1950</p>		5. SEX <p style="text-align: center;">Male <input checked="" type="radio"/></p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		
8. DATE OF BIRTH <p style="text-align: center;">March 6, 1869</p>		9. AGE (In years last birthday) <p style="text-align: center;">87</p>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Accountant</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Bowe Hardware Co.</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Iowa</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U. S. A</p>		
13a. FATHER'S NAME <p style="text-align: center;">A. B. Spickerman</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Unknown</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Elizabeth Spickerman</p>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">487 16 5346</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Elizabeth Spickerman 3430 Euclid</p>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion & myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary sclerosis & arterio-sclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>?</u> <u>4:20</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Apr 2</u> , 19 <u>50</u> , to <u>Apr 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr 6</u> , 19 <u>50</u> , and that death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. C. Trippe</u>				23b. ADDRESS <u>1014 Angelo</u>		23c. DATE SIGNED <u>4/7/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>4-7-50</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILKS FUNERAL HOME 2315 Linwood K. C. 3 Mo</u>				

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 Chas E. Wicks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.