

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41848

State File No.

FILED JAN 12 1952

BIRTH NO. 51060-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5221

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 Hrs.	c. CITY OR TOWN Rural Fishing River		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location) R. R. # 3		
3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) R. c. (Last) Spry			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 28, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR 4 Months 2 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lloyd Spry		13b. MOTHER'S MAIDEN NAME Betty Farris		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lloyd R. Spry ADDRESS Liberty, Mo. R.R.#3	
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) Meningitis - (organism unknown) culture taken			INTERVAL BETWEEN ONSET AND DEATH 1 week		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) interstitial pneumonia (supp. report)					
DUE TO (c) Hypostatic pneumonia and Hepatomegaly & Fatty Infiltration					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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 11-30 , 1951, to 11-30 , 1951, that I last saw the deceased live on Nov 30 , 1951, and that death occurred at 11:30 Pm. , from the causes and on the date stated above.					
23a. SIGNATURE James W. Willoughby MD			23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 12-3-51
24a. BURIAL CREMATION (REMOVED) (Specify)		24b. DATE Dec. 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Liberty, Missouri
DATE REC'D BY LOCAL REG 12-5-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Church - Archer Co Liberty, Mo ADDRESS	

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.