

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7304**

FILED MAR 27 1952

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| BIRTH NO. | | REG. DIST. NO. 27 | | PRIMARY REG. DIST. NO. 3005 | | Registrar's No. 31 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Bates | | c. LENGTH OF STAY (in this place) wife | | a. STATE Missouri | | b. COUNTY Bates | |
| b. CITY (If outside corporate limits, write RURAL and give township) Buther | | c. CITY (If outside corporate limits, write RURAL and give township) Buther | | OR TOWN 0071 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 207 E. Atkinson | | | | d. STREET ADDRESS (If rural, give location) 207 E. Atkinson | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Rollie | | b. (Middle) N. | | c. (Last) Spears | |
| 4. DATE OF DEATH | | (Month) 3 | | (Day) 20 | | (Year) 52 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 4-30-1892 | |
| 9. AGE (In years last birthday) 59 | | IF UNDER 1 YEAR Months 10 | | IF UNDER 12 HRS. Days 20 | | IF UNDER 24 HRS. Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Building | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Wm. Spears | | 13b. MOTHER'S MAIDEN NAME Sunie Maupin | | 14. NAME OF HUSBAND OR WIFE Mamie Spears | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT'S SIGNATURE OR NAME Mamie Spears | | ADDRESS Buther, Mo. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | ANTECEDENT CAUSES | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| DUE TO (b) Arteriosclerotic heart disease. | | DUE TO (c) | | | | | |
| 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 4200 | | | | 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 3-18, 1952 to 3-20, 1952 , that I last saw the deceased alive on 3-20, 1952 and that death occurred at 6:30 A. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Surgeon General | | | | 23b. ADDRESS Buther, Mo. | | 23c. DATE SIGNED 3-31-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-24-52 | | 24c. NAME OF CEMETERY OR CREMATORY Cypress Cemetery | | 24d. LOCATION (City, town, or county) (State) Buther, Mo. | |
| DATE REC'D BY LOCAL REG. March 24, 1952 | | REGISTRAR'S SIGNATURE Harold Perry | | 25. FUNERAL DIRECTOR'S SIGNATURE Hubert Vandervord ADDRESS Buther, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

071

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

Robert S. Sturbeck

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.