

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25336

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

LED AUG 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Pike</u> <u>0.821</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u> <u>0820</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) _____ c. (Last) <u>Spears</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-2-1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>8-1-1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>hswf</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Pike Co., Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Ben F. Bland</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Hodges</u>	14. NAME OF HUSBAND OR WIFE <u>Joe Spears - Deed.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>20 hrs</u> <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure &amp; Pulmonary edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Due to (b) Hypertensive Cardiovascular Disease &amp; General Debility</u>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>443 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 7:30, 1952, to 8-2, 1952, that I last saw the deceased alive on 8-2, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas H. Lovell M.D.</u>	23b. ADDRESS <u>LOUISIANA, MISSOURI</u>	23c. DATE SIGNED <u>8-2-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Elmore</u>	ADDRESS <u>Bowling Green</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed.....

*M. B. E. Moore*

Signed.....

Student Embalmer

Licensed Embalmer No. *3466*

P. O. Address. *Boiling Green N.C.*

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.