

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29073

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

No. 300  
10.48

383  
0

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

FILED SEP 9 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 305E Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u> OR TOWN <u>0883</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>409 Taylor</u>	
3. NAME OF DECEASED a. (First) <u>BESSIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>SPEARS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. - 3 - 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-12-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Andrain, B. Mo.</u>
13a. FATHER'S NAME <u>James Marion Robbins</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Gregory</u>	14. NAME OF HUSBAND OR WIFE <u>George Cleveland Spears</u>
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>492-12-5886</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George C. Spears</u> ADDRESS <u>Moberly, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</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) <u>Fatty degeneration of liver</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 _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Aug 13</u> , 19 <u>52</u> , to <u>Sept 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>52</u> , and that death occurred at <u>8:20 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. McCormick D.O.</u>		23b. ADDRESS <u>322 1/2 W. Reed, Moberly, Mo.</u>	
23c. DATE SIGNED <u>9-3-52</u>		23d. DATE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-6-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-6-52</u>		REGISTRAR'S SIGNATURE <u>Leah R. Williams</u> 269-0	
FUNERAL DIRECTOR'S SIGNATURE <u>None</u>		ADDRESS <u>Moberly Mo.</u>	

(Licensed Embalmers' Statements on Reverse Side)

SEP 24 1952

SEP 18 1952

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.....

*R. M. Carter*

Licensed Embalmer No. ....

*4117*

P. O. Address.....

*Proberly 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.