

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

385

State File No.

S. No. 300
rv. 10.48

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Rural; Washington Twp.	
c. LENGTH OF STAY (in this place) 7 years		d. STREET ADDRESS (If rural, give location) 2 mile S. & 1/2 E of City Limits	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED a. (First) Ida		b. (Middle) May		c. (Last) Spencer		4. DATE OF DEATH (Month) (Day) (Year) January 29, 1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 2, 1870		9. AGE (in years last birthday) 82 # UNDER 1 YEAR Months Days # UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William H. Moore		13b. MOTHER'S MAIDEN NAME Elizabeth Lone		14. NAME OF HUSBAND OR WIFE George W.	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Utz, R.R. #5, St. Joseph, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension			
				DUE TO (c) Arteriosclerosis			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331 X					

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)	
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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?	
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22. I hereby certify that I attended the deceased from 5-30-46, 19 , to 1-29-53, 19 , that I last saw the deceased alive on 1-29-53, 19 , and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl C. Casper M.D.		23b. ADDRESS 218 North 7th Street		23c. DATE SIGNED 1-30-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/31/1953		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri	
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DATE REC'D BY LOCAL REG. Feb 5, 1953		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE Walter Brown		ADDRESS St. Joseph, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

0117
C

Wm Spalding

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St, Joseph, 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.