

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2290

State File No.

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>4348</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>		<u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>310 West Krekel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>SPIERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 30 1853</u>	
9. AGE (In years last birthday) <u>99</u>		if UNDER 1 YEAR (Month) (Day) <u>11 20</u>		if UNDER 2 HRS. (Hour) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright City, Warren County U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Welch Spiers</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy B. Mason</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Spiers Wellsville 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>Senility</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>just plain old age.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794 X</u>				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) (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 <u>Dec 15, 1953</u> , to <u>Jan 20, 1953</u> , that I last saw the deceased alive on <u>Jan 20, 1953</u> , and that death occurred at <u>12:01</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. S. Romans Jr</u>				23b. ADDRESS <u>Wellsville</u>		23c. DATE SIGNED <u>1/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/23/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-24-53</u>		REGISTRAR'S SIGNATURE <u>W. S. Romans Jr 4 25</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Helms Wellsville</u>		

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

1. No. 300
2. 10. 48.

0700
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imo

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 _____

Licensed Embalmer No. 1588

P. O. Address Wellsville 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.