

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38344

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1251

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>84.3m - 16 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hale - Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>			d. STREET ADDRESS (If rural, give location) <u>Rural # 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Randall</u> b. (Middle) <u>Clark</u> c. (Last) <u>Spears</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 - 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec 22 1928</u>		9. AGE (In years last birthday) Months Days <u>24 - - 11 9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Spears</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Cox</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Spears Hale 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>Ganglionic Carcinomatosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left testicle</u> DUE TO (c) <u>178X</u>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>mental defective since birth.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10-27-53.</u>
19a. DATE OF OPERATION <u>10-27-53.</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left testicle.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Jan 1</u> , 19 <u>53</u> , to <u>Dec 1</u> , 1953, that I last saw the deceased alive on <u>Dec 1</u> , 1953, and that death occurred at <u>2:35A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>			23b. ADDRESS <u>St Joseph Mo State Hosp no 2</u>		23c. DATE SIGNED <u>12/1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hale, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 4, 1953</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>		485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer &amp; Co. Inc. 107 g. Wash. St. St. Joseph Mo</u>

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Raymond W. Meehan*

Licensed Embalmer No. 4413

P. O. Address 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.