

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40024**

FILED DEC 1-1953

BIRTH NO. _____ REG. DIST. NO. **390** PRIMARY REG. DIST. NO. **2014** Registrar's No. **16**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Randolph	b. CITY (If outside corporate limits, write RURAL and give township) Moniteau Twshp	a. STATE Missouri	b. COUNTY Randolph
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Moniteau Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural		d. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mary	b. (Middle) Elizabeth	c. (Last) Spicer	Nov. 17th 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. MONTHS
		Widowed	July 30-1878	75	3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Robert Hudson	13b. MOTHER'S MAIDEN NAME Neally Miles	14. NAME OF HUSBAND OR WIFE
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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Richard Spicer
		ADDRESS Higbee RFD Mo

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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 491X	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1953, to 11-17, 1953, that I last saw the deceased alive on 11-17, 1953, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE V. Robinson	(Degree or title) D.O.	23b. ADDRESS Higbee, Mo	23c. DATE SIGNED 11-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-19-1953	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo

DATE REC'D BY LOCAL REG. 11-23-53	REGISTRAR'S SIGNATURE Joe W. Burton	25. FUNERAL DIRECTOR'S SIGNATURE Mahon and Son	ADDRESS Moberly, Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

80
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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 Frank V. G. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.

401-121-1 37 0-11