

FILED JUL 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23236

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 271	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If instituting: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Independence		c. LENGTH OF STAY (In this place) _____		d. CITY OR TOWN Independence		e. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 412 South Roland				STREET ADDRESS (If rural, give location) 412 South Roland			
3. NAME OF DECEASED (Type or Print) a. (First) Mottie		b. (Middle) _____		c. (Last) Spease		4. DATE OF DEATH (Month) (Day) (Year) July - 6 - 1954	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 24 - 1882	
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY domestic		11. BIRTHPLACE (City and State or Foreign Country) Missou		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Lee Deight		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE Samuel Spease			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Samuel Spease, Indep. Mo.			
18. DATE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic heart disease					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Generalized atherosclerosis					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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				20. AUTOPSY? YES <input 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) 4200		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. C. R. ...				23b. ADDRESS 4050 Broadway Kansas		23c. DATE SIGNED 7-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-8-54		24c. NAME OF CEMETERY OR CREMATORY Mount Zion		24d. LOCATION (City, town, or county) (State) Indep. Mo.	
DATE REC'D BY LOCAL REG. 7-8-54		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Roland H. ...			

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

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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.....  
Signature of Student Embalmer

Signed *A. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indy, Ind*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.