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FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1121

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 45-A

1. PLACE OF DEATH
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give town) **Rural N. Campbell** township) c. LENGTH OF STAY (in this place)

c. CITY OR TOWN **Rural N. Campbell** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Springfield RFD#5**

e. STREET ADDRESS (If rural, give location) **Springfield RFD#5** 0390

3. NAME OF DECEASED (Type or Print)
a. (First) **JOSEPH** b. (Middle) **D.** c. (Last) **SPIRES**

4. DATE OF DEATH (Month) (Day) (Year) **January 12, 1956**

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **12 Oct. 1879**

9. AGE (In years last birthday) **76** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Railroad Employee**

10b. KIND OF BUSINESS OR INDUSTRY **Retired**

11. BIRTHPLACE (City and State or Foreign Country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William R. Spires**

13b. MOTHER'S MAIDEN NAME **Molly Meese**

14. NAME OF HUSBAND OR WIFE **Dora E. Spires**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **No**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Dora E. Spires Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchopneumonia**
ANTECEDENT CAUSES
DUE TO (b) **Malnutrition**
DUE TO (c) **Broken hip**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 week**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) **639** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **Dec**, 19**55**, to **Jan**, 19**56** that I last saw the deceased alive on **Jan 11**, 19**56** and that death occurred at **6:50 P.M.** on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. Dean Cunningham M.D.**

23b. ADDRESS **1715 Boonville Springfield, Missouri**

23c. DATE SIGNED **1-13-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1-16-56**

24c. NAME OF CEMETERY OR CREMATORY **Greenlawn Cemetery**

24d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

DATE REC'D BY LOCAL REG. **1-13-56** REGISTRAR'S SIGNATURE **Walter W. McManis**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **John Kingree & Co. Springfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *John A. Williams*.....

Licensed Embalmer No. *465*

P. O. Address *Springfield*

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.