

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3918

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph,	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 50 Yrs		e. STREET ADDRESS (If rural, give location) 1336 South 17th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1336 South 17th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Olive b. (Middle) May c. (Last) DeShon Spoor			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22nd 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 6th 1876	9. AGE (In years last birthday) 80 Yrs	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife,		10b. KIND OF BUSINESS OR INDUSTRY at home,	11. BIRTHPLACE (City and State or Foreign Country) Saxton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Wesley DeShon		13b. MOTHER'S MAIDEN NAME Helen Hill		14. NAME OF HUSBAND OR WIFE F. W. Spoor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. F. W. Spoor, ADDRESS 1336 South 17th City.	

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) uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lymphosarcoma, reticulum cell DUE TO (c) type, c lymph node, spleen, II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. + pleural involvement.			INTERVAL BETWEEN ONSET AND DEATH about 1 wch about 3 months.
19a. DATE OF OPERATION 2/2/56		19b. MAJOR FINDINGS OF OPERATION lymph node showing lymphosarcoma			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) 2000	
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 1/25, 1956, to 2/22, 1956, that I last saw the deceased alive on 2/21, 1956, and that death occurred at 4:10a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald J. Stallard, M.D.		23b. ADDRESS 902 Edmond St., City		23c. DATE SIGNED 2/23/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE Feb. 25-1956		24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetary	
		24d. LOCATION (City, town, or county) St. Joseph, Buch. Co. Mo.		(State)	

DATE REC'D BY LOCAL REG. Mar 1, 1956		REGISTRAR'S SIGNATURE Forther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Pfeiffer ADDRESS St. Joseph, Mo.	
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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 *Raymond W. Hensley*

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