

13503

State File No. 1470

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

| | | | | | | | | |
|---|-------------------------------|--|--|---|---|---|---------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1470</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | | | | |
| b. CITY OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>7 WKS.</u> | | c. CITY OR TOWN <u>HICKMAN MILLS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>8121 EAST 7th STREET</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>M.</u> c. (Last) <u>Spry</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April - 2 - 1956</u> | | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MAY 29, 1898</u> | | 9. AGE (In years last birthday) <u>57.57</u> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MILLERVILLE MINNESOTA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>JOHN R. ELLS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ALVINA FRANCE</u> | | 14. NAME OF HUSBAND OR WIFE <u>John E. Spry</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>JOHN E. SPRY</u> | | ADDRESS <u>8121 EAST 7th ST. HICKMAN MILLS 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Leukemia</u> | | | | | | | | |
| ANTECEDENT CAUSES | | | | DUE TO (b) _____ | | | | |
| 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 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 15, 1956</u> , to <u>April 2, 1956</u> , that I last saw the deceased alive on <u>April 1, 1956</u> , and that death occurred at <u>12:25A.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Otto W. Theel</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>4301 Main St. KCMo</u> | | 23c. DATE SIGNED <u>4-3-56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>April 4 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETARY</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | | | |
| DATE REC'D BY LOCAL REG. <u>4-4-56</u> | | REGISTRAR'S SIGNATURE <u>Neval Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>1357 BRIDAN CREEK KANSAS CITY MO.</u> | | | | |

(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 *Richard L. Jones*.....

Licensed Embalmer No. *4952*.....

P. O. Address *K. L. Jones*.....

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.