

No. 300
10. 48

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2259

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Sedalia	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Sedalia	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 Bothwell Hospital		e. STREET ADDRESS (If rural, give location) 641 East 11th, St. 0 80 6	

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) W. c. (Last) SPILLERS			4. DATE OF DEATH (Month) (Day) (Year) February 5, 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 28, 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad (MKT)		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME George R. Spillers		13b. MOTHER'S MAIDEN NAME Etta Amick		14. NAME OF HUSBAND OR WIFE Ida May Riley Spillers			
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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 Mrs. Ida M. Spillers, Sedalia, Mo. ADDRESS			
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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) Impending Uremia. 36 hours duration.				INTERVAL BETWEEN ONSET AND DEATH Ascites	
		ANTECEDENT CAUSES Cardio- Vascular Disease- with and Edema. Over 3 months.					
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) Old Myocardial Infarction.				1952.	
		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 Medical care only.				20. AUTOPSY? None YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE None. (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY None. (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?	
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22. I hereby certify that I attended the deceased from 1952 to Febr. 5th, 1957, that I last saw the deceased alive on Febr. 5th, 1957, and that death occurred at 5.50 P.M. from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)		23b. ADDRESS Sedalia, Missouri. 2-6-57.		23c. DATE SIGNED 2/6/1957	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/7/1957		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
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DATE REC'D BY LOCAL REG. 2/6/1957		REGISTRAR'S SIGNATURE J. W. [Signature] Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo. [Signature]			
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(Licensed Embalmer - Statement on Reverse Side)

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14 1957

FEB 19 1957

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 *Dev Keckart*.....

Licensed Embalmer No. *347*

P. O. Address *Sedalia*

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.