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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25103

STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		Length of stay in 1b 2 DAYS	d. STREET ADDRESS 123 MOFFETT		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle B. Last SPICER			4. DATE OF DEATH Month JULY Day 8, Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 21, 1922	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 2 Days 17 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMMERCIAL AIR PILOT		10b. KIND OF BUSINESS OR INDUSTRY AIR PILOT	11. BIRTHPLACE (City and state or country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HOWARD SPICER			14. MOTHER'S MAIDEN NAME MARY EDITH DAGLEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO.	17. INFORMANT Address HOWARD SPICER 123 MOFFETT JOPLIN, MISSOURI		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Circulatory Collapse (b) Decompensated Cor Pulmonale (c) Acute Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) } DUE TO (c) } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 month 2 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-6-57 to 7-8-57 and last saw <sup>her</sup> him alive on 7-8-57 Death occurred at 11:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. H. H. H.</i> (Degree or title) <i>Dr.</i>		22b. ADDRESS		22c. DATE SIGNED 7-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-10-57	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
24. FUNERAL DIRECTOR HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-10-57	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

(Licensed Embalmer's Statement on Reverse Side)

County File Number 57-9-583  
Date Filed JUL 15 1957

JUL 24 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 [Signature]

Licensed Embalmer No. 48

P. O. Address Wbl. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.