

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040335
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 501

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence Inside Limits Yes No
c. CITY OR TOWN Independence Mo Inside Limits Yes No
7105
d. STREET ADDRESS (If outside, give location) 1802 Hayes Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) Charles H. Spry First Middle Last
4. DATE OF DEATH Dec. 28, 1958 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Apr. 18, 1893 9. AGE (In years last birthday) 65 10. UNDER 1 YEAR Months Days 11. UNDER 24 HRS. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telephone Welding Co. Welder 11. BIRTH PLACE (City and state or country) Lexington, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.C.

13a. FATHER'S NAME William P. Spry 13b. MOTHER'S MARDEN NAME Elizabeth Lambert 14. NAME OF HUSBAND OR WIFE Mary Spry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? Army W.W.I. 16. SOCIAL SECURITY NO. 492-14-5868 17. INFORMANT Mary Spry Address 1802 Hayes

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mistery Paris Chest 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 6:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hughon - Queen Coroner 22b. ADDRESS 1034 Riatta Bldg. 22c. DATE SIGNED 11-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried 23b. DATE Dec 1-1958 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Kennett City, Mo

24. FUNERAL DIRECTOR Voland P. Speaks ADDRESS Independence 25. DATE RECD. BY LOCAL REG. 12-1-58 26. REGISTRAR'S SIGNATURE Mary S. Spry

300
1-57
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
No symptoms will be listed.

JAN 20 1959

FEB 6 1958

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 Rollie Fessel

Licensed Embalmer No. 4690

P. O. Address Indep. 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.