URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-017358

FILED VS APR 22 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 3922

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri.
Length of stay in 1b: 6 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: New Madrid

c. CITY OR TOWN: Lilbourn
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 419 E. Ewing
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Cloria Middle CLORIS Last SPIVEY

4. DATE OF DEATH: Month April Day 6, Year 1960.

5. SEX: ~~of~~ Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: Aug? 1909

9. AGE (last birthday): 50

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Scott Co., Mississippi

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Unavailable

13b. MOTHER'S MAIDEN NAME: Unavailable

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Nil

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Minnie McBeath, Address: Lilbourn, 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): METASTATIC CARCINOMA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): OF LUNG
DUE TO (c): 165X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ 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 4-1-60, to 4-6-60 and last saw her/him alive on 4-6-60
Death occurred at 8:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Oliver J. Biederman MD

22b. ADDRESS: Jewish Hospital

22c. DATE SIGNED: APR 8 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4/6/60

23c. NAME OF CEMETERY OR CREMATORY: Sandhill Cemetery

23d. LOCATION (City, town, or county) (State): New Madrid, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.,

25. DATE RECD. BY LOCAL REG.: 4-8-1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MJC

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 419

P. O. Address St. Lou

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