

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009436

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 166

AMENDED

FILED APR 11 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JASPER</u>	a. STATE <u>KANSAS</u>		b. COUNTY <u>CHEROKEE</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>	Length of stay in 1b <u>11 DAYS</u>	c. CITY OR TOWN <u>GALENA</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St John's Hosp</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>415 1/2 MAIN ST</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>ELZA</u>	Middle <u>NORGRAVE</u>	Last <u>SPIVA</u>	4. DATE OF DEATH	Month <u>4</u>	Day <u>4</u>	Year <u>1961</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-81</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soda Mixer & Bottler</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Soda Pop Plant</u>	11. BIRTHPLACE (City and state or country) <u>FREDRICKTOWN Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JAMES EDWARD SPIVA</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE MARY TATEM</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Jessie Pearl Woods, Galena Kansas</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>	<u>11 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Generalized Arteriosclerosis</u>	<u>20 yrs</u>
DUE TO (c) <u>Senility</u>	<u>20 yrs</u>

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 24 Mar 61 to 4 April 61 and last saw ^{them} him alive on 3 April 61
Death occurred at 3:25 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert B Powell MD</u> (Degree or title)	22b. ADDRESS <u>Galena Kansas</u>	22c. DATE SIGNED <u>4 Apr 61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4-6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	23d. LOCATION (City, town, or county) <u>GALENA KANSAS</u>
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24. FUNERAL DIRECTOR <u>Roy L Dersfelt</u>	ADDRESS <u>Galena Kan.</u>	25. DATE RECD. BY LOCAL REG. <u>4-6-1961</u>	26. REGISTRAR'S SIGNATURE <u>Nooe Merriam</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

