MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-032000

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 947

STATE FILE NUMBER 32000

FILED OCT 2 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 2 | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 806 S. 11th St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 806 S. 11th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle C. Last SPALSBURY
4. DATE OF DEATH: Month September Day 18 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/25/1923
9. AGE (last birthday): 38 — 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): antique dealer
10b. KIND OF BUSINESS OR INDUSTRY: Antique Shop
11. BIRTHPLACE (City and state or country): St. Joseph, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George C. Spalsbury
13b. MOTHER'S MAIDEN NAME: Marie Whinery
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. # II
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Duane Spalsbury, Box 570, Safford, Ariz.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Traumatic Shock + intracranial hemorrhag — INTERVAL BETWEEN ONSET AND DEATH: none
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Selfe inflicted lifleshot in head — none
DUE TO (c)
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: 12:30 Hour a.m. Month, Day, Year: Sept 18 61
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.): Home
20f. CITY, TOWN, OR LOCATION: St Joseph COUNTY: Buchanan STATE: Mo.

21. I ~~attended the deceased from~~ viewed body and last saw ~~her~~ him ~~alive~~ on Sept 18 61
Death occurred at 12:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S.E. Meluney M.D. Coronor
22b. ADDRESS: 214 Kirkpatrick Bldg St Joseph 8, Mo
22c. DATE SIGNED: 9-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/23/1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman, ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 25, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

MEDICAL CERTIFICATION: S.E. Meluney, M.D.

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1961

OCT 3 1961

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph

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.