

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043975

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 221 STATE FILE NUMBER

**FILED DEC 18 1961**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smithville</b>	Length of stay in 1b <b>2 Days</b>	c. CITY OR TOWN <b>Nashua</b>	Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Smithville Community Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>None</b>	Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Annie</b> Middle <b>Mary</b> Last <b>Spicer</b>			4. DATE OF DEATH Month <b>December</b> Day <b>11</b> Year <b>1961</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-21-82</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rural Schools</b>	11. BIRTHPLACE (City and state or country) <b>Platte Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Ruben B. Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Martha A. Spicer</b>		14. NAME OF HUSBAND OR WIFE <b>M. H. Spicer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Marion Douglas Nashua, Mo.</b>		

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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour <b>12:00</b> a.m. <b>12:00</b> p.m.	Month, Day, Year <b>12-11-61</b>	

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 <b>Smithville, Missouri</b>	COUNTY <b>Clay</b> STATE <b>Missouri</b>
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21. I attended the deceased from **8-12-60** to **12-11-61** and last saw her **alive** on **12-10-61**  
 Death occurred at **725 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Philip H. Wolfson M.D.</b> (Degree or title)	22b. ADDRESS <b>Smithville, Missouri</b>	22c. DATE SIGNED <b>12-12-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-13-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Second Creek Cemetery</b>	23d. LOCATION (City, town, or county) <b>Platte County, Missouri</b>
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24. FUNERAL DIRECTOR <b>McComas Funeral Home</b> ADDRESS <b>Smithville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-13-61</b>	26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

JAN 5 1902

**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

*Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.