

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

603-61-045223

STATE FILE NUMBER

Registration District No. 186 Primary Registration District No. 3026 Registrar's No. 603

AMENDED

FILED DEC 27 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
Length of stay in lb 21 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 818 SOUTH CEDAR		d. STREET ADDRESS (If outside, give location) 818 SOUTH CEDAR	
3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Spradley		4. DATE OF DEATH Month DECEMBER Day 16, Year 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-18-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RESTAURANT BUSINESS RESTAURANT		10b. KIND OF BUSINESS OR INDUSTRY Marshall, Missouri	9. AGE (last birthday) 68
13a. FATHER'S NAME WILLIAM P. SPRADLEY		13b. MOTHER'S MAIDEN NAME MOLLIE GILMORE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO		17. INFORMANT Address Lettie Ann Spradley, 818 So. Cedar, Indep. Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Coronary Sclerosis DUE TO (c) 2 year		INTERVAL BETWEEN ONSET AND DEATH 2 year	
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 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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
21. I attended the deceased from 9 a.m. to 1959 and last saw ^{her} him alive on 1959 Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) Freddie L. Carson		22b. ADDRESS 1022 Independence	22c. DATE SIGNED (date) 12/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-20-61	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	23d. LOCATION (City, town, or county) INDEPENDENCE, MO.
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Indep. Missouri		25. DATE RECD. BY LOCAL REG. 12-18-61	26. REGISTRAR'S SIGNATURE Alba L. Craig

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

JAN 9 1962

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 Leroy J. Taylor

Licensed Embalmer No. 4941

P. O. Address Independence

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.