No. 300
10-48

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FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16598

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5759 Registrar's No. 13

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vichy, Mo. (route)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries 103
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Vichy, Mo. (route)

3. NAME OF DECEASED (Type or Print)
a. (First): CALVIN
b. (Middle): ALEXANDER
c. (Last): SPENCER

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1949

5. SEX: Male
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 22, 1889
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maries County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Newton Spencer
13b. MOTHER'S MAIDEN NAME: Nancy Beggs
14. NAME OF HUSBAND OR WIFE: Mrs. Debby Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Debby Spencer — ADDRESS: Vichy, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Influenza & Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 480X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓ ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. *I hereby certify that I attended the deceased from* May 10, 1949, *to* May 12, 1949 *that I last saw the deceased alive on* May 12, 1949 *and that death occurred at* 11:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O H Jones MD
23b. ADDRESS: Belle
23c. DATE SIGNED: May 15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-14-49
24c. NAME OF CEMETERY OR CREMATORY: Upper Davis Cemetery
24d. LOCATION (City, town, or county) (State): Phelps Co., Mo.

DATE REC'D BY LOCAL REG.: 5-20-49
REGISTRAR'S SIGNATURE: Pauline Howard 188
25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Null — ADDRESS: Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 23 1949

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.

Signed Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.