

FILED NOV 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34156**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **482**

49  
5112

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>		d. STREET ADDRESS (If rural, give location) <b>1610 Kentucky</b>	
3. NAME OF DECEASED a. (First) <b>Earl</b>		b. (Middle) <b>Gaylon</b>	
c. (Last) <b>Spencer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 26, 1876</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (State or foreign country) <b>Carthage, Missouri</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Maggie Spencer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Maggie Spencer</b> ADDRESS <b>Joplin Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Heart dilatation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Hypertension</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>August</b> , 19 <b>42</b> , to <b>Oct 26</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Oct 25</b> , 19 <b>49</b> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Ferguson</b> (Degree or title) _____		23b. ADDRESS <b>Joplin Mo</b>	
23c. DATE SIGNED <b>10/27/49</b>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/28/1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-31-49</b>		REGISTRAR'S SIGNATURE <b>Ed. R. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Hunsaker Mortuary</b>		ADDRESS <b>Joplin Mo.</b>	

RECEIVED 11-7-49  
Jasper County Health Office

County File Number 49-10-261

Date Filed 11-9-49

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 \_\_\_\_\_  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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 this body is not embalmed, fact should be so stated above.