

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43801**
5477

3008

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys		490. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Spencer			4. DATE OF DEATH (Month) (Day) (Year) 12-25-1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 2-1876
9. AGE (In years last birthday) 73		10. MONTHS 10	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired locomotive		10b. KIND OF BUSINESS OR INDUSTRY engineer	11. BIRTHPLACE (State or foreign country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Wm. R. Spencer	
13b. MOTHER'S MAIDEN NAME Margaret E. Rankin		14. NAME OF MARRIAGE WIFE Mrs. Elizabeth Spencer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 709-10-9582	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Spencer, Slater-Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) A-S Cardio vascul. dis.	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		10 yrs	
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy		10 yrs	
19a. DATE OF OPERATION 12-21-49	19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., floor or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 12-19 , 1949, to 12-25 , 1949, that I last saw the deceased alive on 12-24 , 1949, and that death occurred at 2:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. A. Staggs (Degree or title)		23b. ADDRESS 822 Maple H.C. Mo.	23c. DATE SIGNED 12-27-49
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE 12/28/49	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Slater, Mo.
DATE REC'D BY LOCAL REG. 12-27-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Shell H.C. Mo.	

(Licensed Embalmer's Stamp on Reverse Side)

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

JAN 24 1950
JAN 23 1950

*Dr. A. Stagg
822 University Bldg
Apr 21. 1950*

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 *Charles E. Mayfield*

Licensed Embalmer No. *4638*

P. O. Address *K. E. 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.