

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1863

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>5825</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY <u>New Madrid</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Cabron R.T. I</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>		
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabron R.T. I</u>		c. CITY OR TOWN <u>Cabron R.T. I</u>		0729		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Crowley Farm</u>				
3. NAME OF DECEASED (Type or Print) <u>DELLA - SPENCER</u>			4. DATE OF DEATH <u>Jan - 1st 1950</u>					
(First) _____ (Middle) _____ (Last) _____			4. DATE OF DEATH (Month) (Day) (Year)					
5. SEX <u>F</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 9 - 1892</u>		
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Husband dead.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Lloyd</u> ADDRESS <u>2741 Cabron St. St. Louis</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No. Medical attendance</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Indigestion</u>					5742	
*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						
		DUE TO (b) <u>leg all rec'd death</u>						
		DUE TO (c) <u>was due to acute</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23. SIGNATURE <u>L. S. Hudguth</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>New Madrid, Mo.</u>			23c. DATE SIGNED <u>1/1-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 8 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis MO.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>1-20-50</u>		REGISTRAR'S SIGNATURE <u>Robert H. Husted</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. ...</u>		ADDRESS <u>Parma Mo.</u>		

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

720

JAN 30 1950

FEB 3 1950

RECEIVED JAN 24 1950
District Health Office No.
District File Number 150-7
Date Filed

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 Walter Marsh Watkins

Signed _____
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.