.S. No. 300
Rev. 10.48

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9883

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 30

0821

0

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

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana 0821
d. STREET ADDRESS (If rural, give location): 1011 Tennessee St. 0

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

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1950

5. SEX: Male U
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 28, 1873
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: P. K. Spencer
13b. MOTHER'S MAIDEN NAME: Victoria Ogden
14. NAME OF HUSBAND OR WIFE: Lilly 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.: 490-05-3813
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. J. L. Spencer, Louisiana, 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) Acute Myocarditis & acute congestive — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES: heart failure, cardiac asthma

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) .....

DUE TO (c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronciectasis — 10 yrs.

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

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) 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* Jan., 1934, *to* March, 1950, *that I last saw the deceased alive on* March 10, 1950, *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L. Andrae M.D.
23b. ADDRESS: 216 Georgia St Louisiana, Mo.
23c. DATE SIGNED: 3-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/12/50
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Louisiana, Missouri

DATE REC'D BY LOCAL REG.: March 11, 1950
REGISTRAR'S SIGNATURE: Berneece Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sterne Funeral Home--Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1957

RECEIVED MAR 15 195

District Health Officer No.

Number 3 50-44

MAR 15 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 J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.