

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12465**

No. 300
10.48

0340

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

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 5006		Registrar's No. 22			
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Douglas					
b. CITY OR TOWN BRUNER, Rural		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN BRUNER, Rural		1340			
d. FULL NAME OF HOSPITAL OR INSTITUTION BRUNER, Rural				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) Antebes c. (Last) SPENCER			4. DATE OF DEATH (Month) (Day) (Year) 4 3 50						
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH May 5, 1888			
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 10 Days 28		IF UNDER 1 YEAR Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME James Thompson			13b. MOTHER'S MAIDEN NAME Martha FARR		14. NAME OF HUSBAND OR WIFE Lou Spencer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lou Spencer		ADDRESS BRUNER			
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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Malignant phase II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks 3 years 2 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) ADULTON, MO. 445X					
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? SUPPLEMENTARY INFORMATION REQUESTED					
22. I hereby certify that I attended the deceased from Sept 19 48 to April 19 50 ; that I last saw the deceased alive on April 2, 1950 , and that death occurred at 2:15 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Vincent P. McCouch D.O.				23b. ADDRESS 0340 Mo.		23c. DATE SIGNED 4/5/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/50		24c. NAME OF CEMETERY OR CREMATORY Union Chapel Cem.		24d. LOCATION (City, town, or county) (State) Fordland (Rural) Mo.			
DATE REC'D BY LOCAL REG. Apr. 10-50		REGISTRAR'S SIGNATURE Wesley Bushman		25. FUNERAL DIRECTOR'S SIGNATURE Wesley Bushman		ADDRESS Fordland, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

1412

APR 17 1950
District Health Office No. 6
District File Number 450-422
Date Filed 4-20-50

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 H. H. Kelley

Signed _____
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland, Me.

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.