

FILED JUL 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 19763

10.48

1260

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>167</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>4/25/50</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		<u>12644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3202 Pleasant</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Everett</u> c. (Last) <u>Spence</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 20, 1889</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R R way Express</u>		11. BIRTHPLACE (State or foreign country) <u>Near Columbia Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert S. Spence</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>Nell M. Spence</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI & 2</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nell M. Spence</u> ADDRESS <u>3202 Pleasant</u>			
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) <u>Carcinoma of esophagus</u> ANTECEDENT CAUSES Morbidity 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. <u>Carcinoma lower gingiva</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>150X</u> <u>?</u>	
19a. DATE OF OPERATION <u>4-26-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma lower gingiva + carcinoma of esophagus</u>				20. AUTOPSY? YES <input checked="" 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) (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 <u>9-12, 1950</u> to <u>June 26, 1950</u> , that I last saw the deceased alive on <u>June 26, 1950</u> , and that death occurred at <u>11:40 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest D. Ingraham M.D.</u> (Degree or title)				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>7/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/29/50</u>		24c. NAME OF CEMETERY OR CREMATORIAL <u>Grandview</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 11-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris Md. R.C.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Crawford Smith</u> ADDRESS <u>Hannibal Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1950

AUG 2 1950
DEC 30 1950

SEP 22 1950

JAN 10 1951

FEB 27 1951

APR 13 1951

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 Erna D. Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City, 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.