

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29963**

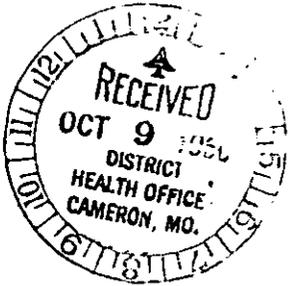
FILED OCT 11 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5470** Registrar's No. **159**

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Huggins</b>		c. LENGTH OF STAY (in this place) <b>4 1/2 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Huggins Town</b>		d. STREET ADDRESS (If rural, give location) <b>Three miles south of Gentry Mo</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Three miles south of Gentry</b>				d. STREET ADDRESS (If rural, give location) <b>Three miles south of Gentry Mo</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) <b>Ann</b> c. (Last) <b>Spencer</b>			4. DATE OF DEATH Month <b>9</b> Day <b>28</b> Year <b>1950</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Wht</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>10-29-1862</b>			
9. AGE (In years last birthday) <b>87</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>James town Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.F.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (State or foreign country) <b>James town Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.F.</b>			
13a. FATHER'S NAME <b>William E. Murphy</b>			13b. MOTHER'S MAIDEN NAME <b>Mary George</b>			14. NAME OF HUSBAND OR WIFE <b>David M. Spencer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Ruth Collett Gentry Missouri</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cornary Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>	
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) m.		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 <b>7-4</b> , 19 <b>50</b> , to <b>9-28</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>9-28</b> , 19 <b>50</b> , and that death occurred at <b>2A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Charles N. McKeown DO</b>				23b. ADDRESS <b>Gentry Mo</b>		23c. DATE SIGNED <b>Oct 5 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Sept-29-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b> Pleasant Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Nine Miles North of Gentry Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Oct 6 1950</b>		REGISTRAR'S SIGNATURE <b>Edith Childs</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Evan Johnson</b>		ADDRESS <b>Stanbury Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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



**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 \_\_\_\_\_

*J. Ewan Johnson*  
working under my personal supervision.

Student Embalmer No. *V*

Student .....  
Student Embalmer

Signed

*J. Ewan Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stankery 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.