

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34502**

1930
1

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

BIRTH NO. _____		REG. DIST. NO. 311		PRIMARY REG. DIST. NO. 4456		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY St Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Clair					
b. CITY (If outside corporate limits, write RURAL and give township) Appleton City		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Appleton City, Mo		d. STREET ADDRESS (If rural, give location) Home East 3rd St			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Perry c. (Last) Spencer				4. DATE OF DEATH (Month) (Day) (Year) Oct-29-1950					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH FEB 2 1875			
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad station agent		11. BIRTHPLACE (State or foreign country) Wilton Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Gilpen Spencer		13b. MOTHER'S MAIDEN NAME Sallie C. Hubbard		14. NAME OF HUSBAND OR WIFE Ola C Roberts					
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. 702-10-2170		17. INFORMANT'S SIGNATURE OR NAME Ola C. Spencer ADDRESS Appleton City 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH 4 years	
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)					
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 1946 , to 25 Oct , 1950, that I last saw the deceased alive on Oct 25 , 1950, and that death occurred at 9:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE Walter M. ... (Degree or title)				23b. ADDRESS Appleton City, Mo		23c. DATE SIGNED 31 Oct 50			
24a. BURIAL, CREMATION (Specify)		24b. DATE Nov-1-1950		24c. NAME OF CEMETERY OR CREMATORY Appleton City Cem		24d. LOCATION (City, town, or county) (State) St Clair Co. - Mo			
DATE REC'D BY LOCAL REG. Nov. 1, 1950.		REGISTRAR'S SIGNATURE Chas. Atney		25. FEDERAL DIRECTOR'S SIGNATURE Frank Lee		ADDRESS Appleton City Mo			

RECEIVED

11/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 11/8/50 -----

NOV 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 -----

or the 29th day of Oct. 1950

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed *Frank Lee* -----

Licensed Embalmer No. 1099 -----

P. O. Address *Asperston 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.