

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4077

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott 1000</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston-Rural - Sandywoods 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>RFD#2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Robert</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Spencer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 13, 1951</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>October 31, 1886</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 6 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Scott County, Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Robert Spencer</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Ella Spencer, (deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Earline Bosler, R#13 Jct. 159, Belleville</b>	ADDRESS <b>Belleville</b>
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>5501</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PERITONITIS HE</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes</b>		
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>	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) (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 **2-12-51**, to **2-13-51** that I last saw the deceased alive on **2/13, 1951**, and that death occurred at **11:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur O'Neil</b> (Degree or title)	23b. ADDRESS <b>Cape Girardeau, Mo</b>	23c. DATE SIGNED <b>2/14/1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 1</b>	24b. DATE <b>2/16/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blodgett Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Blodgett, Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-18-1951</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE <b>THE NUNNELLE FUNERAL CHAPEL, Charleston, Mo</b> By <b>John P. Nunnelle</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

164  
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RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No.

No. ....

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**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

*John F. Rummel*

Licensed Embalmer No.

3851

P. O. Address

Charleston, 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.