

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16308**

FILED JUN 12 1951

S. No. 300
IV. 10.48

0470

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

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution, rank the below institution) a. STATE MO b. COUNTY La Fayette			
b. CITY OR TOWN Clinton		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY OR TOWN Higginsville, MO			
d. FULL NAME OF HOSPITAL OR INSTITUTION WETZEL Hospital				d. STREET ADDRESS 0541			
3. NAME OF DECEASED a. (First) Leon b. (Middle) E c. (Last) Spencer			4. DATE OF DEATH (Month) (Day) (Year) June 7 1951				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH Nov 20 1898		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor of Osteopathy		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Melan MO		12. CITIZEN OF WHAT COUNTRY? USA	
12a. FATHER'S NAME John W Spencer		13b. MOTHER'S MAIDEN NAME Nancy N Jones		14. NAME OF HUSBAND OR WIFE Mary E			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Wetzel Hospital ADDRESS Clinton 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 Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aged heart failure 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 1 1/2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)		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 April 24, 1951 , to June 7, 1951 , that I last saw the deceased alive on June 7, 1951 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Leon W. Spencer (Degree or title) DO				23b. ADDRESS Clinton MO		23c. DATE SIGNED June 8, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/9/51	24c. NAME OF CEMETERY OR CREMATORY Mt Moriah		24d. LOCATION (City, town, or county) (State) Kansas City MO		
DATE REC'D BY LOCAL REG June 9-51		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE A H Hader ADDRESS Higginsville, MO			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-11-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-11-51

JUL 24 1951

JUL 12 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 J. E. Consoer

Licensed Embalmer No. 1891

P. O. Address Clinton 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.