

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33054

State File No.

BIRTH NO. 10-24-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Wade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Wade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood 0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Luther</u>	c. (Last) <u>Spencer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-11-1951</u>
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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>3-11-1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robin Spencer</u>	13b. MOTHER'S MAIDEN NAME <u>Lorenda Perry</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie Spencer</u>	ADDRESS <u>Lockwood Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from August 25th, 1951, to October 9th, 1951, that I last saw the deceased alive on October 9th, 1951, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max Heilbrunn M.D.</u>	23b. ADDRESS <u>Lockwood, Mo</u>	23c. DATE SIGNED <u>10-14-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-15-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greys Point</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. of Miller's Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-24-51</u>	REGISTRAR'S SIGNATURE <u>Geo. L. Miller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie - Leiman Miller</u>	ADDRESS <u>Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 29 1951

Dist. File 11-1-1928

Date Filed 11-1-51

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 E. R. Linnon

Licensed Embalmer No. 3297

P. O. Address Miller 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.