

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36288

State File No. ....

040

BIRTH NO. ... REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre Township)</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cuivre Township)</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. S.E. of Laddonia, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. S.E. of Laddonia, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. S.E. of Laddonia, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>LEE</u> c. (Last) <u>SPENCER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 1951</u>
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>June 12 1874</u>
9. AGE (in years last birthday) <u>74</u>		10. F UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Anatis Hart</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Abbie Templeton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Abbie Spencer Laddonia</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Case. Was found dead in bed at his home by his wife. Unattended by a physician. No injury. No evidence of accident or foul play. History shows that he had more or less a bad heart condition</u> DUE TO (b) <u>at his home by his wife. Unattended by a physician. No injury. No evidence of accident or foul play. History shows that he had more or less a bad heart condition</u> DUE TO (c) <u>at his home by his wife. Unattended by a physician. No injury. No evidence of accident or foul play. History shows that he had more or less a bad heart condition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probably an arrhythmia.</u>	
19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>Probably an arrhythmia.</u>	
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.) <u>Cuivre Twp Audrain Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuivre Twp Audrain Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>		21g. <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>Coronary Case</u> , 19 <u>51</u> , that I last saw the deceased <u>Alive</u> on <u>Nov 19</u> , 19 <u>51</u> , and that death occurred at <u>9</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. C. Adams M.D. Coronu</u>		23b. ADDRESS <u>Medico, Mo</u>	
23c. DATE SIGNED <u>11-19-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Nov. 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Vandalia Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wilbey</u>	
DATE REC'D BY LOCAL REG. <u>Nov 19 1951</u>		REGISTRAR'S SIGNATURE <u>Mallie Duqua</u>	
ADDRESS <u>Laddonia Mo</u>		ADDRESS <u>Laddonia Mo</u>	

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

Date Received: NOV 27 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-2137  
Date Filed: NOV 27 1951

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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 Clyde E. Wilkey

Licensed Embalmer No. 3820

P. O. Address Peru, Ind.

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.