

FILED JUL 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21517

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 77

085 J

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville

c. LENGTH OF STAY (In this place) 3 hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION DeWitt Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Pulaski

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED

a. (First) Lottie b. (Middle) _____ c. (Last) Spencer

4. DATE OF DEATH (Month) (Day) (Year) 6 10 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 2/24/1890 9. AGE (In years last birthday) (Months) (Days) 62 3 16

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Switzer 13b. MOTHER'S MAIDEN NAME Minerva Dick 14. NAME OF HUSBAND OR WIFE John Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME Mr. John Spencer, Dixon, Missouri ADDRESS _____

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Arterio sclerosis

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 _____

20. AUTOPSY? YES NO

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-12, 1952, to 6-10, 1952, that I last saw the deceased alive on 6-10, 1952, and that death occurred at 5:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. O. Allert (Degree or title) _____ 23b. ADDRESS 2 Waynesville Mo 23c. DATE SIGNED 6-20-52

24a. BURIAL CREMATION, REMOVAL (Specify) Removal-Bur 24b. DATE 56/12/1952 24c. NAME OF CEMETERY OR CREMATORY White Chapel, Memorial Gardens 24d. LOCATION (City, town, or county) (State) Canton, Illinois

DATE REC'D BY LOCAL REG. 6-21-52 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert ADDRESS Dixon, Missouri

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

RECEIVED 6-21-52
Nevada County Health Officer
File Number 6-28-52
Date Filled 6-28-52

JUL 3 1952

JUL 3

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 _____

June 10, 1952
working under my personal supervision.

Student Embalmer No.

Signed Maurice E. Schirbaum

Signed.....
Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.