

FILED AUG 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29029

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 2971 Registrar's No. 100

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| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion Twp. 0840 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) R.F.D. Polk, Mo. d | |

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|-------------------------------------|--------------------|-----------------------|----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John | b. (Middle) Robert | c. (Last) Spencer | 4. DATE OF DEATH (Month) (Day) (Year) August 5 1952 |
|-------------------------------------|--------------------|-----------------------|----------------------|--|

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|----------------|---------------------------|--|----------------------------------|--------------------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH May 31, 1949 | 9. AGE (In years last birthday) 3 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Mins. |
|----------------|---------------------------|--|----------------------------------|--------------------------------------|---------------------------|-------------------------|-------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) St. Leonard Wood, Pulaski Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Homer Spencer | 13b. MOTHER'S MAIDEN NAME Georgia Combs | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Homer Spencer | ADDRESS Polk, Mo. |
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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, assthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause of death unknown</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Autopsy performed by Dr. Colley, State Lab, Sept. Mo. 1955</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|-------------------|------------------------------|-----------------------------|
| 23a. SIGNATURE <u>[Signature]</u> Polk County Coroner | (Degree or title) | 23b. ADDRESS Bolivar, Mo. | 23c. DATE SIGNED 8/13/52 |
|---|-------------------|------------------------------|-----------------------------|

| | | | |
|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Aug. 8, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Payne Cemetery | 24d. LOCATION (City, town, or county) (State) Polk County, Mo. |
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| DATE REC'D BY LOCAL REG. Aug 13 1952 | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> Turpin Funeral-Home | ADDRESS Bolivar, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

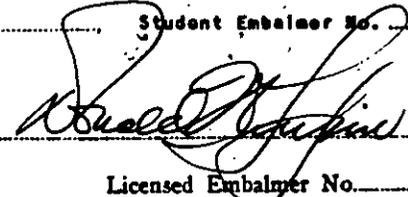
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____
Student Embalmer No. _____

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.