

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34549

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville,</u> <u>0272</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If inst., give location) <u>Boonslick Boarding Home.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital.</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leona</u>		b. (Middle) <u>Johnson</u>		c. (Last) <u>Spence</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 17 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>1888</u> <u>May 15 1887</u>		9. AGE (In years and birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>			11. BIRTHPLACE (State or foreign country) <u>Moniteau County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Isaac Preston Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Chenault</u>		14. NAME OF HUSBAND OR WIFE <u>J. A. Spence.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. C. Myers, Amarillo, Texas.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		<u>270</u>	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		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 Feb, 1952, to Oct 17, 1952 that I last saw the deceased alive on Oct 16, 1952, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <u>M. L. Decker, M.D.</u>		23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>10/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller</u>		ADDRESS <u>Boonville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-20/52</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		381-	

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

#2
072

NO. 309
10.48
Corr. by Aff.

NOV 1 - 1952

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. A. Goodman

Licensed Embalmer No. *1178*

P. O. Address *Boonville, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.....

On this..... day of....., 194....., before me appears.....

~~XXXXX~~
..... Mrs. L. P. Hughes, who, upon her oath, states that the original record of death
for Mrs. Leona Spence died ~~here~~ October 17th, 1952, in the State of
Missouri, and which was filed at Boonville, Mo. on Oct. 18, 1952, should be corrected as follows:

Item No. 8 should read May 15th. 1888

Instead of May 15th. 1887

Item No. 9 should read Age 64

Instead of 65

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant *Frances* Mrs. P. P. Hughes Daughter. Relationship.

H. B. Bell Notary Public Present Address. *Somerville N. J.*

Subscribed and sworn to before me this *12* day of *November*, 19*52*.

My Commission expires *Oct. 7 = 1954* *Betty Ann Bruce* Notary Public.
Betty Ann Bruce,

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Sup - 34549