.S. No. 300
EV. 10.48

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

55

State File No.

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 4002 Registrar's No. 45

0010
1

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brashear
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brashear 0010
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Robert
c. (Last): Spencer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 3
8. DATE OF BIRTH: July 29, 1877
9. AGE (In years last birthday): 75 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. farming
11. BIRTHPLACE (State or foreign country): Adair Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas J. Spencer
13b. MOTHER'S MAIDEN NAME: Martha Howerton
14. NAME OF HUSBAND OR WIFE: Myrtle Strock - divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gladys Ornes
ADDRESS: Brashear Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 or 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) High Blood Pressure
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
4214
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 2 yrs, 195-, *to* Jan 27, 1953, *that I last saw the deceased alive on* Jan 24, 1953, *and that death occurred at* 2 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. M. Humphrey 0
(Degree or title): MD
23b. ADDRESS: Brashear Mo
23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 1/30 1953
24c. NAME OF CEMETERY OR CREMATORY: Brashear
24d. LOCATION (City, town, or county) (State): Brashear Missouri

DATE REC'D BY LOCAL REG.: 2-4-53
REGISTRAR'S SIGNATURE: Kate Lambert 1-1
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Geo W Early Hurdland Mo

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo B Eadey Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.