

STANDARD CERTIFICATE OF DEATH

State File No. **16780**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4497** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY OR TOWN CLARENCE MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARENCE MO	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) SHELBY ST. 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION: SHELBY ST			

3. NAME OF DECEASED a. (First) NORA b. (Middle) ELLEN c. (Last) SPENCER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 17 1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JULY 21, 1949		9. AGE (In years last birthday) 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (State or foreign country) SHELBY CO. MO		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	

13a. FATHER'S NAME JOE VAN VACTER		13b. MOTHER'S MAIDEN NAME MARY LORENTZ		14. NAME OF HUSBAND OR WIFE P. T. SPENCER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME JOE SPENCER ADDRESS CLARENCE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Sclerosis		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis			
		DUE TO (b) Senile Psychosis			
		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 334X		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 **Sept**, 19**52**, to **April 17, 1953**, that I last saw the deceased alive on **April 16, 1953** and that death occurred at **8:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Campbell M.D. (Degree or title)		23b. ADDRESS Macon Mo		23c. DATE SIGNED 4/20/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-20-53		24c. NAME OF CEMETERY OR CREMATORY MARBLEWOOD	
24d. LOCATION (City, town, or county) CLARENCE MO		24e. REGISTRAR'S SIGNATURE Ada Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE Charles V. ... ADDRESS	
DATE REC'D BY LOCAL REG. 4-22-53		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

1030
1

APR 28 1953

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 Embalmer No.

Signed

Charles V. Greening

Signed.....

Student Embalmer

Licensed Embalmer No. 4425

P. O. Address Orange, N.C.

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.