.300
.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20676

FILED JUL 14 1953

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4039 Registrar's No. 21

0080

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lincoln (Rural)
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lincoln 7 miles S.E.
d. STREET ADDRESS (If rural, give location): Cole Township

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

4. DATE OF DEATH (Month) (Day) (Year): July 8 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 8 1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 2, Days 0 — 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: Farm
11. BIRTHPLACE (State or foreign country): Hickory Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Spencer
13b. MOTHER'S MAIDEN NAME: Nancy McDonald
14. NAME OF HUSBAND OR WIFE: Sylvania Spencer

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

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 Hours

ANTECEDENT CAUSES

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

DUE TO (b) Bronchial Pneumonia — 3 days

DUE TO (c) Toxemia (Nephritis)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 593 x H
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* Sept 20, 1952, *to* July 8, 1953, *that I last saw the deceased alive on* July 8, 1953, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. R. McBee (Degree or title): D.O.
23b. ADDRESS: Lincoln Mo Box 13
23c. DATE SIGNED: 7-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 10, 1953
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): Benton Co. Mo.

DATE REC'D BY LOCAL REG.: 7-10-53
REGISTRAR'S SIGNATURE: E. E. Eckhoff
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Reser — ADDRESS: Lincoln

(Licensed Embalmer's Statement on Reverse Side)

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.