

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Columbia, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia 0100	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) South Hickman /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			

3. NAME OF DECEASED a. (First) MERTIE b. (Middle) SPENCER c. (Last)			4. DATE OF DEATH Jan 16, 1954 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Aug. 19, 1877		9. AGE (in years last birthday) 76		10. IF UNDER 1 YEAR Months 4 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Murryville, Illinois	
				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME George Spencer		13b. MOTHER'S MAIDEN NAME Matilda Fanning		14. NAME OF HUSBAND OR WIFE None	
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 George Spencer ADDRESS Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic heart disease		Respiratory	
		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from 1-10-54, 1954, to 1-16-54, 1954, that I last saw the deceased alive on 1-16-54, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE Roland Pladenow MD		23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED 1-16-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-54		24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	
				24d. LOCATION (City, town, or county) (State) Centralia, Missouri	

DATE REC'D BY LOCAL REG. Jan. 18 1954		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS D. L. Meador Centralia, Missouri	
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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 Bill O. Meador _____

Licensed Embalmer No. 4876

P. O. Address Centralis, Maine

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.