

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28237

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 666

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) Anderson		c. LENGTH OF STAY (In this place) 10 yrs	c. CITY OR TOWN Anderson
d. FULL NAME OF HOSPITAL OR INSTITUTION City of Anderson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS City of Anderson		(If rural, give location) 666	

3. NAME OF DECEASED (Type or Print) a. (First) Tennessee b. (Middle) Spencer c. (Last) Spencer		4. DATE OF DEATH (Month) 5 (Day) 18 (Year) 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-9-1867
9. AGE (In years last birthday) 87		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY domestic	11. BIRTHPLACE (City and State or Foreign Country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Thmas Clark	13b. MOTHER'S MAIDEN NAME Lurinda Hattp	14. NAME OF HUSBAND OR WIFE Jesse Spencer (Deceased)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE AND ADDRESS Mrs Lula Harrell. Anderson MO.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
DUE TO (c) Arteriosclerosis		years	
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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from **1-1**, 19**50**, to **5-18**, 19**54**, that I last saw the deceased alive on **5-17**, 19**54**, and that death occurred at **8:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. W. Blankenship M.D.	23b. ADDRESS Anderson mo.	23c. DATE SIGNED 5-21-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-20-54	24c. NAME OF CEMETERY OR CREMATORY Eureka Springs	24d. LOCATION (City, town, or county) (State) Eureka Springs, Arkansas
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DATE REC'D BY LOCAL REG. 8-10-54	REGISTRAR'S SIGNATURE Maury Thompson	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Charles M. Nelson - Berryville, Ark.
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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.....
Signature of Student Embalmer

Signed *Charles M. Nelson*.....

Licensed Embalmer No *815*.....

P. O. Address *Benningville, Va.*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.