

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34857

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place)	-c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Heart W. of Spine Mo. R.R. main line</u>		e. STREET ADDRESS (If rural, give location) <u>227 So. Stewart</u> ⁰⁸⁰⁴	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u> b. (Middle) <u>Bird</u> c. (Last) <u>Spencer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 - 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 5 - 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Crane Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Crane Operator</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Scott Co. Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Elijah Carl Spencer</u>	13b. MOTHER'S M maiden NAME <u>Alice Mansfield</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Spencer</u>
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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)	16. SOCIAL SECURITY NO. <u>492-18-6634</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Spencer</u>	ADDRESS <u>Sedalia</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Traumatism</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>being hit by a railroad train</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E802X 35</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>app. 1/2 mile W. of city limits</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>National Rightway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Sedalia</u> (COUNTY) <u>Pettis</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-9-54 5:57 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by Railroad train</u>
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22. I hereby certify that I attended the deceased from VIEWED at corner, that I last saw the deceased alive on 10, and that death occurred at 5:57 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas Gordon Stauffer MD</u>	23b. ADDRESS <u>Corner Pettis Co</u>	23c. DATE SIGNED <u>10-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE/REC'D BY LOCAL REG. <u>10/11/54</u>	REGISTRAR'S SIGNATURE <u>Lewina Coontz Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Not Embalmed