

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr Johnson 8738  
State File No. ....

FILED APR 11 1955

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3031</u>		Registrar's No. <u>501</u>			
1. PLACE OF DEATH a. COUNTY <u>Binn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Binn</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		<u>0582</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>McBarney Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>315 E. Canal</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>MAUDE</u> c. (Last) <u>SPENCER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr-3-1955</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Dec-22-1889</u>			
9. AGE (in years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Binn Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Essex Blinn</u>			13b. MOTHER'S MAIDEN NAME <u>Lena M. Kuryan</u>		13c. NAME OF HUSBAND OR WIFE <u>Earl Spencer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Myocardial Infarction</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) <u>acute coronary occlusion</u> DUE TO (b) _____ DUE TO (c) <u>Arteriosclerotic heart disease.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>	
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) (Min.) _____		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 <u>April 3, 1955</u> , to <u>April 3, 1955</u> , that I last saw the deceased alive on <u>April 3, 1955</u> , and that death occurred at <u>11:48 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>D. W. Dehnert M.D.</u>				23b. ADDRESS <u>211 E. Brookfield Mo</u>		23c. DATE SIGNED <u>4/5/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-7-55</u>		REGISTRAR'S SIGNATURE <u>Nadine Lamborn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Blacklock</u> ADDRESS <u>Brookfield Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

5820

0800  
SEP

8 1950

---

---

**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

*J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield Mo.*

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.