

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14588

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cassville</b>	c. LENGTH OF STAY (In this place) <b>15 Minutes</b>	c. CITY OR TOWN <b>Stark City</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cassville Community Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>0731</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida</b>	b. (Middle) <b>Bell</b>	c. (Last) <b>Spencer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 16 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 20, 1871</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Crawford County Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Wyman</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas W. Spencer (Deceased)</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Murvin Spencer</b>	ADDRESS <b>Rocky Comfort, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 Min</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>		<b>2-5 1/2 hr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	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)
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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?
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22. I hereby certify that I attended the deceased from 5/16 1955, to Death, 19    , that I last saw the deceased alive on 5/16, 1955, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>James L. Holmes</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Wheaton Mo</b>	23c. DATE SIGNED <b>5/19/55</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-20-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HazelGreen Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Granby Mo. R#2</b>
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DATE REC'D BY LOCAL REG. <b>5-26-55</b>	REGISTRAR'S SIGNATURE <b>Mary McDonald Reg.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Messers (Type Wheaton)</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 555-249

DATE REC. 5-28-52

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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

*James Kenyth Duncanson*

Licensed Embalmer No. 470

P. O. Address Wheaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.