

FILED AUG 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27238

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5952</u>		Registrar's No. <u>34</u>			
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Spencer Township</u>)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Spencer Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>6 miles East Vandalia</u>				f. STREET ADDRESS (If rural, give location) <u>6 miles East Vandalia 0820</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u>			b. (Middle) <u>U.</u>		c. (Last) <u>Spires</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 16, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 27, 1864</u>		9. AGE (In years last birthday) <u>91</u> 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) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bellflower, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Jonathon Spires</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Spires</u>			14. NAME OF HUSBAND OR WIFE <u>Lena Spires</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kay Spires, Vandalia, Missouri</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>menia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CA of prostate (carcinoma)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>granulid arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 years</u> <u>years</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)		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>May 15, 1955</u> , to <u>August 16, 1955</u> , that I last saw the deceased alive on <u>August 16, 1955</u> , and that death occurred at <u>5:00 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ernest R. Penning M.D.</u> (Degree or title)				23b. ADDRESS <u>Vandalia Mo</u>			23c. DATE SIGNED <u>8/17/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 18, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-24-55</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William B Waters</u>		ADDRESS <u>Vandalia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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..... *William B. Water*

Licensed Embalmer No. *416*

P. O. Address *Wendell*

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