

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5649

State File No.

No. 300
10-48

FILED MAR 8 1956

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3042</u>		Registrar's No. <u>73</u>					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY <u>Marion</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</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>Rubber Plant, Hannibal, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>310 So. 7th St., 06840</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH								
a. (First) <u>Stephen</u>		b. (Middle) <u>Vernon</u>		c. (Last) <u>Spencer</u>		(Month) (Day) (Year) <u>2-28-1956</u>					
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>3/2/1903</u>					
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rubber Plant Industry Hannibal, Mo.</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Woodburn, Iowa</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Edward J. Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen F. McCagle</u>		14. NAME OF HUSBAND OR WIFE <u>Alvina Weinhoff Spencer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alvina Spencer</u>		ADDRESS <u>310 S. 7th St. Hannibal, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide (Hanging)</u> ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH							
				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
				19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>WORK</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion Missouri</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-28-56 12:P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>N M O'Donnell Coroner 3</u>				23b. ADDRESS <u>Hannibal, Mo.</u>		23c. DATE SIGNED <u>3/1/56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>3/2/56</u>		REGISTRAR'S SIGNATURE <u>St. M. Lucher By J. O'Connell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N M O'Donnell</u>		ADDRESS <u>Hannibal, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED MAR 4 1956

MARION CO. HEALTH DEPT

DATE FILED MAR 4 1956

MAR 19 1956

MAR 5

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..... *A. M. O'Donnell*

Licensed Embalmer No..... 388

P. O. Address... Hannibal, M

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.