

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15435**BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Iowa b. COUNTY Appanoose <i>8140</i>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kirksville)		c. LENGTH OF STAY (In this place) 15 das	c. CITY OR TOWN Moravia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>8</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			STREET ADDRESS (If rural, give location) Moravia, Iowa		
3. NAME OF DECEASED a. (First) Paul (Type or Print)			b. (Middle) Samuel		c. (Last) Spencer
4. DATE OF DEATH May 26, 1956			5. SEX M		
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 29, 1901	
9. AGE (In years last birthday) 55		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) Grocery Store		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (City and State or Foreign Country) Moravia Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Wallace Spencer		
13b. MOTHER'S MAIDEN NAME Nellie Hayes			14. NAME OF HUSBAND OR WIFE Lelia Pearl Pence Spencer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lelia Pearl Spencer, Moravia, Iowa	
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) Massive coronary occlusion with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) anterior myocardial infarct DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Chronic nephritis, cystitis, uremia		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION none		INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hours
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201			
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 5-11-56 , 19____, to 5-26-56 , 19____, that I last saw the deceased alive on 5-26-56 , 19____, and that death occurred at 7:03P m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Paul Laughlin Jr.</i> (Degree or title) D.O.			23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 5-26-56
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5/27/56		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	
24d. LOCATION (City, town, or county) (State) Moravia, Iowa.		DATE REC'D BY LOCAL REG. 5-26-56			
REGISTRAR'S SIGNATURE <i>Kate Lambert</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 26 1958

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 *Kenneth E. Hayes*

Licensed Embalmer No. *489*

P. O. Address *Kirkville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.