

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15530

State File No.

BIRTH NO.		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cole Camp</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cole Camp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>H.</u> b. (Middle) <u>Kay</u> c. (Last) <u>Spencer</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>10th</u> (Year) <u>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>Oct 7th 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>29</u>	IF UNDER 24 HRS. Days <u>2</u> Hours <u>10</u> Mins. <u>00</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pianos</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>J W Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Josoway Pruitt</u>		14. NAME OF HUSBAND OR WIFE <u>Edessa Spencer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edessa Spencer</u> ADDRESS <u>Cole Camp Mo</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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia</u> DUE TO (c) <u>Senility & malnutrition</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>2 days</u> <u>5 days</u> <u>2 weeks</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>				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) m.		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>8-25</u> , <u>1952</u> , to <u>May 16</u> , <u>1956</u> , that I last saw the deceased alive on <u>May 10</u> , <u>1956</u> , and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold B. Wickert, M.D.</u>				23b. ADDRESS <u>Cole Camp, Mo</u>		23c. DATE SIGNED <u>5/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 13th 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 12, 1956</u>		REGISTRAR'S SIGNATURE <u>E L Sieckhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Sieckhoff</u>		ADDRESS <u>Cole Camp 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
Student Embalmer

Signed _____

E. L. Eidenoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.