

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16822**

BIRTH NO. _____

REG. DIST. NO. **157**PRIMARY REG. DIST. NO. **3028**Registrar's No. **116**

| | | | |
|---|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -- a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | c. CITY OR TOWN Avilla | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 2 hrs | | e. STREET ADDRESS (If rural, give location) --- | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LAURA | | b. (Middle) REBECCA | |
| | | c. (Last) SPENCER | |
| 4. DATE OF DEATH May 22, 1956 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 11, 1875 |
| 9. AGE (In years last birthday) 80 | | 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) at home | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and State or Foreign Country) Sullivan, Indiana |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Sam Rankin | | 13b. MOTHER'S MAIDEN NAME Rebecca Chambers | |
| 14. NAME OF HUSBAND OR WIFE Charles A. Spencer | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.F. Spencer, Rt 1, Oronogo, Mo | | | |
| 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) Shock, multiple fractures. ANTECEDENT CAUSES multiple abrasions and contusions. DUE TO (b) result of being struck by an automobile 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 less than 2 hours. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 8124 25 | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) SUICIDE ACCIDENT HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY | |
| 21c. (CITY, TOWN, OR TOWNSHIP) AVILLA (COUNTY) JASPER (STATE) MO. | | 21d. TIME OF INJURY May 22 '56 8 a.m. | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? struck by automobile | |
| 22. I hereby certify that I attended the deceased from 22 May '56, 19, to 22 May '56, 19, that I last saw the deceased alive on 22 May '56, 19, and that death occurred at 9:44 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Harvey E. Bond MD | | 23b. ADDRESS Carthage, Mo | |
| 23c. DATE SIGNED 5-22-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE May 24, 1956 | |
| 24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery | | 24d. LOCATION (City, town, or county) (State) near LaRussell, Mo | |
| DATE REC'D BY LOCAL REG. 5-23-56 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 28 1956
Jasper County Health Office
County File Number 56-5-439
Date Filed MAY 28 1956

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..... O. L. Isbell

Licensed Embalmer No. 497

P. O. Address... College

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.