FILED JUN 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20915

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 23RD & GRAND (REST HOME)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 23 RD & GRAND (REST HOME)

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) HAMILTON c. (Last) SPENCER

4. DATE OF DEATH (Month) JUNE (Day) 11 (Year) 1956

5. SEX: MALE **6. COLOR OR RACE:** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):** WIDOWED **8. DATE OF BIRTH:** SEPTEMBER 13, 1883 **9. AGE** (In years last birthday): 73 IF UNDER 1 YEAR: Months 8 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: STATIONARY ENGINEER
11. BIRTHPLACE (City and State or Foreign Country): WEBB CITY, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: GEORGE SPENCER
13b. MOTHER'S MAIDEN NAME: WILLIAMS
14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: FLOYD SPENCER **ADDRESS:** WEBB CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cirhosis of liver — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5810
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1956 *to* 6-11, 1956 *that I last saw the deceased alive on* 6-4, 1956 *and that death occurred at* 8:17 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. Hamilton Spencer (Degree or title) M.D.
23b. ADDRESS 617 Frisco Bldg, Joplin, Mo.
23c. DATE SIGNED 6-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE 6/14/1956
24c. NAME OF CEMETERY OR CREMATORY: CARTERVILLE CEMETERY
24d. LOCATION (City, town, or county) CARTERVILLE (State) MO

DATE REC'D BY LOCAL REG. 6-20-56
REGISTRAR'S SIGNATURE Dove Merriam
25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME **ADDRESS** WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

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

26
6

Date Filed JUN 25 1956

6-6-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Gray L

Licensed Embalmer No. 44

P. O. Address Webb

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