

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23983

FILED AUG 8 - 1956

State File No. _____

3049

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Kennett - Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>LABS</u>	
b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>Kennett Mo</u>		c. CITY OR TOWN <u>Pleasant Hill</u>	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) <u>1 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>206 N. Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Outpatient Hospital 9262117</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>SPENCER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-16-1876</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hill Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James C Knopp</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Thalman</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Spencer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Knopp</u>	ADDRESS <u>Pleasant Hill Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Regional colitis</u>		<u>20 years</u>
	DUE TO (c) <u>Enterocolitis</u>		<u>15 1/2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Operation of intestine, age 17</u> <u>chronic lobar pneumonia</u>			<u>26 days</u>

19a. DATE OF OPERATION <u>5-29-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adeno-carcinoma, stomach.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) _____ SUICIDE _____ HOMICIDE _____	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 May 13, 1956, to July 10, 1956, that I last saw the deceased alive on July 10, 1956, and that death occurred at 8:58 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. Price</u> (Degree or title) _____	23b. ADDRESS <u>K. O. Mo.</u>	23c. DATE SIGNED <u>7-11-56</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-13-56</u>	REGISTRAR'S SIGNATURE <u>Neal Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brownfield - Stanley</u> ADDRESS <u>Pleasant Hill Mo.</u>	

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

MAY 23 1957

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..... John R. Sidman

Licensed Embalmer No... 453

P. O. Address Kansas City

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.