

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38485

FILED DEC 12 1956

State File No. \_\_\_\_\_  
Registrar's No. 252

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>	
b. CITY OR TOWN <u>CARTHAGE</u>	c. LENGTH OF STAY (in this place) <u>3 months</u>	c. CITY OR TOWN <u>JOPLIN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 S. FULTON</u>		STREET ADDRESS (If rural, give location) <u>N. MAIN ST. ROAD</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIJAH</u>	b. (Middle) <u>MOSE</u>	c. (Last) <u>SPENCER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 23 1956</u>
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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>NOV 21, 1873</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	IF UNDER 1 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD &amp; ZINC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLA, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES SPENCER</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>HATTIE SPENCER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HATTIE SPENCER,</u>	ADDRESS <u>JOPLIN</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Anemia</u>		3-4 wks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-13, 1956, to 11-22, 1956, that I last saw the deceased alive on 11-1, 1956 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Grove S. Patterson MD</u>	23b. ADDRESS <u>506 S. Main Carthage, Mo</u>	23c. DATE SIGNED <u>11-26-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV 26, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>
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DATE REC'D BY LOCAL REG. <u>11-27-56</u>	REGISTRAR'S SIGNATURE <u>W. H. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hughes &amp; Blum</u>	ADDRESS <u>Joplin</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number  
0000 Filed DEC 10 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..... *Dale Blom*

Licensed Embalmer No. *458*

P. O. Address..... *Joseph*

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.