

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

45025

State File No.

FILED JUN 17 1957

BIRTH NO.		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>6005</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>RALLS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FRANKFORD RFD</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>LADDONIA</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) <u>8040</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u>		b. (Middle) <u>ABIGAIL</u>		c. (Last) <u>SPENCER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 29-1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAR-16-1881</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CLARKSVILLE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>THOMAS TEMPLETON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN CUNNINGHAM</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT LEE SPENCER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-05-9428</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L.S. Hansen</u> ADDRESS <u>Frankford Mo. RFD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Coronary Insufficiency</u> 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		20. AUTOPSY? ☒ YES ☐ NO		INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		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 <u>Feb</u> , 19 <u>55</u> , to <u>Feb 29</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Feb 28</u> , 19 <u>56</u> and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. P. Hansen</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Frankford Mo.</u>		23c. DATES SIGNED <u>6/1/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 1-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VANDALIA CEM.</u>		24d. LOCATION (City, town, or county) <u>VANDALIA MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>Glyde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FIELDS & SON FUN. HOME</u> ADDRESS <u>FRANKFORD MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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... *Jose F. Negron*

Licensed Embalmer No. *4093*

P. O. Address *Frankford*

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.