THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020914
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 300

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Boone Co. Hospital — Length of stay in 1b: 31 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia 0105 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 305 St. Joseph St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: FRANK Middle: Last: SPENCER

4. DATE OF DEATH Month Day Year: July 7, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Aug. 7, 1892

9. AGE (In years last birthday): 65 — 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): University of Mo. Storeroom

10b. KIND OF BUSINESS OR INDUSTRY: Storeroom clerk

11. BIRTHPLACE (City and state or country): Lehigh, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Wallace Spencer

13b. MOTHER'S MAIDEN NAME: Jennie Blythe

14. NAME OF HUSBAND OR WIFE: Irene Myers Spencer

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.: 495-36-2174

17. INFORMANT: Mrs. Irene Spencer, Columbia, Missouri — Address: 305 St. Joseph St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery Thrombosis — 2 days
DUE TO (c): Arteriosclerotic Heart Disease — Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-6-58, to 7-7-58 and last saw ~~him~~ him alive on 7-7-58
Death occurred at 9:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles M. Lamke, M.D.

22b. ADDRESS: Columbia, Missouri

22c. DATE SIGNED: 7-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 9, 1958

23c. NAME OF CEMETERY OR CREMATORY: New Salem Cemetery

23d. LOCATION (City, town, or county) (State): Boone County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo.

25. DATE RECD. BY LOCAL REG.: July 8 1958

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 3 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 George A. Kerfe

Licensed Embalmer No. 4752

P. O. Address Columbia, M

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.