

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

56919-58 58-029425  
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 410

S. 300  
1-57

|   |                           |   |   |  |   |
|---|---------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jasper |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Joplin, Mo.  |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Webb City, Mo. 0492   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. John's Hosp.   |                           | Length of stay in 1b<br>1 Day   | d. STREET ADDRESS (If outside, give location)<br>317 S. Penn St.  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Gregory Lee Spencer   |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>Aug. 18, 1958   |  |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Aug. 18, 1958   |  | 9. AGE (In years last birthday)<br>F UNDER 1 YEAR<br>Months Days<br>1 1<br>IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Infant   |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>Joplin, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A   |
| 13a. FATHER'S NAME<br>David Spencer   |                           | 13b. MOTHER'S MAIDEN NAME<br>Wanda Gibbs  |   | 14. NAME OF HUSBAND OR WIFE                      |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no  |                           | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br>Mr. David Spencer - Webb City Mo  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Preventable infant</u><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ |                           |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><br>776X  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                           |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |                           |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>   |                           | 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 <u>Aug 18 - 58</u> , to <u>Aug 19 - 58</u> and last saw her alive on <u>11:30 Aug 18 58</u><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |   |  |   |
| 22a. SIGNATURE<br><u>W B Geares MD</u><br>(Degree or title)   |                           |   | 22b. ADDRESS<br><u>616 Downer Joplin</u>  |  | 22c. DATE SIGNED<br><u>8/24/58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 23b. DATE<br>Aug. 19/1958   | 23c. NAME OF CEMETERY OR CREMATORY<br>Ozark Memorial Park   |  | 23d. LOCATION (City, town, or county) (State)<br>Joplin, Mo.  |
| 24. FUNERAL DIRECTOR<br>Johnston-Arnice-Simpson Mortuary<br>Webb City, Mo   |                           |   | 25. DATE RECD. BY LOCAL REG.<br>8-27-1958   | 26. REGISTRAR'S SIGNATURE<br><u>Dove Merriam</u> |   |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 *Jack C. Simpson* .....

Licensed Embalmer No. *4647* .....  
P. O. Address *Webb City, Mo* .....

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.