Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004083
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 324 Primary Registration District No. 30722 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Marshall — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Fitzgibbon Hosp. — Length of stay in Ib: I2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall 0772 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 718 N. Jefferson — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: James Middle: William Last: Spencer
4. DATE OF DEATH: Month Feb. Day 4th Year I959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec. Ist I868
9. AGE (In years last birthday): 90 — 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): Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Bath County, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Alexander Spencer
13b. MOTHER'S MAIDEN NAME: Elizabeth Daniel
14. NAME OF HUSBAND OR WIFE: Leonora T. 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.: 489-30-0644
17. INFORMANT: Mrs Leonora T. Spencer, Address: Marshall, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Any standard nomenclature in Item 18. No symptoms will be listed.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420C
19. WAS AUTOPSY PERFORMED? YES [ ] NO [✓]

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 6-1-58, to 2-4-59 and last saw ~~her~~ him alive on 2-4-59
Death occurred at 4-10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James G. Reed (Degree or title) MD
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 2-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-6-1959
23c. NAME OF CEMETERY OR CREMATORY: Ridge Park cemetery
23d. LOCATION (City, town, or county) (State): Marshall, Missouri

24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis, Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: 2-6-59
26. REGISTRAR'S SIGNATURE: Cecil G. Read

(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 James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.