

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033475

FILED VS SEP 29 1959

Registration District No. 316

Primary Registration District No. 3057

Registrar's No. 366

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b **	c. CITY OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 304 Fite St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last V A D A (n o n e) S P E N C E R			4. DATE OF DEATH Month Day Year Sept. 21, 1959
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-1-1887
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ***	11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Joseph O'Sullivan	
13b. MOTHER'S MAIDEN NAME Alice Ryan		14. NAME OF HUSBAND OR WIFE Fleming R. Spencer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. **	17. INFORMANT Address Jack Spencer St. Louis, Mo (Son)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of myocardium			INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary thrombosis			Unknown
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Jan. 1953 to Sept. 11, 1959 and last saw her ^{her} _{last} on 9/11/59 Death occurred at 2:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Jack O'Sullivan M.D.</i>		22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 9/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-23-1959	23c. NAME OF CEMETERY OR CREMATORY Doe Run Cemetery	23d. LOCATION (City, town, or county) (State) Doe Run, Mo.
24. FUNERAL DIRECTOR C Z Boyer & Son Inc. Bonne Terre	ADDRESS	25. DATE RECD. BY LOCAL REG. Sept. 23, 1959	26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 10 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer
B. T. Boyer

Licensed Embalmer No. 366

P. O. Address Desloge, 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.