FILED 13 FEB 18 1960

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-007223

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 23

ENDED

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON — Length of stay in 1b 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY MACON
c. CITY OR TOWN MACON — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD #2 MACON MO — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First LULA Middle BELL Last SPENCER
4. DATE OF DEATH Month JAN Day 23 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH MAY 5, 1879
9. AGE (last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (City and state or country) SALEM INDIANA
12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME WILLIAM FLEENER
13b. MOTHER'S MAIDEN NAME MALISSA JANES
14. NAME OF HUSBAND OR WIFE JAMES E SPENCER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address MRS BRYAN FUQUA MACON MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	UREMIA	5 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pyelonephritis	10 da +
DUE TO (c)	Cardio-renal-vascular disease	Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 4-8-1958, to 1-23-1960 and last saw her/him alive on 1-23-1960
Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alan R Hull D.O.
22b. ADDRESS CLARENCE, MO
22c. DATE SIGNED 2-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1-26-60
23c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY
23d. LOCATION (City, town, or county) MACON COUNTY (State) MO
24. FUNERAL DIRECTOR GREENING ADDRESS CLARENCE MO
25. DATE RECD. BY LOCAL REG. 2/6/60
26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US FEB 1 0 1980

JUN 24 1960

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_____ Signed Charles V. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 462

P. O. Address Claremo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.