

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-023004

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 103 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Howell	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains	a. STATE Missouri	b. COUNTY Howell
Length of stay in lb 10 hours		c. CITY OR TOWN West Plains	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. P. Memorial Hosp.		d. STREET ADDRESS Rt 1,	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Charles	Middle Neal	Last Spencer	Month June	Day 14,	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-14-60	9. AGE (last birthday)	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) West Plains, Mo.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Charles Spencer	13b. MOTHER'S MAIDEN NAME Jo Ann Pierce	14. NAME OF HUSBAND OR WIFE
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. None	17. INFORMANT Charles Spencer, R 1, West Plains Mo.

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 10 hrs
IMMEDIATE CAUSE (a)	Prematurity	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	not known	
DUE TO (b)	27 weeks pregnancy	
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 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 West Plains Mo	COUNTY Howell	STATE Missouri
21. I attended the deceased from 6-14-60 to 6-14-60 and last saw ^{her} him alive on 6-14-60 Death occurred at 11 AM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>[Signature]</i>		(Degree or title)	22b. ADDRESS West Plains Mo	22c. DATE SIGNED 6/17/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-16-60	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery	23d. LOCATION (City, town, or county) Howell County, Missouri	

24. FUNERAL DIRECTOR Island Center Mort. Plnry	ADDRESS West Plains Mo	25. DATE RECD. BY LOCAL REG. 6-22-60	26. REGISTRAR'S SIGNATURE Beatrice Cook
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by
or by Anyone, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward Carter

Licensed Embalmer No. 4516

P. O. Address West Plains

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.