

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018466

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 75  
 AMENDED FILED MAY 24 1961

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lemiscot</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Lemiscot</u>        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>  |   | Length of stay in 1b <u>—</u>   | c. CITY OR TOWN <u>Hayti, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location of HOSPITAL OR INSTITUTION) <u>208 So. V. St.</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>208 So. V. St.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               |
| 3. NAME OF DECEASED (Type or print) First <u>Easter</u> Middle <u>M.</u> Last <u>Spencer</u>  |   |   | 4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1961</u>   |
| 5. SEX <u>Female</u>  | 6. COLOR OF RACE <u>Color</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-21-60</u> 9. AGE (last birthday) <u>11 m 22 d</u> IF UNDER 1 YEAR Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>  | 11. BIRTHPLACE (City and state or country) <u>Hayti, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |
| 13a. FATHER'S NAME <u>Charlie Spencer</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Mattie Bridgford</u>   | 14. NAME OF HUSBAND OR WIFE <u>—</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  |   | 16. SOCIAL SECURITY NO. <u>—</u>  | 17. INFORMANT Address <u>Mattie Spencer, Hayti, Mo.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Quinine - Diarrhea</u><br>DUE TO (b) <u>Chickens pox - Quinine</u><br>DUE TO (c) <u>—</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year<br>a.m. p.m.  |   |   |  |
| 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 <u>May 12, 1961</u> to <u>May 15, 61</u> and last saw her <u>live</u> on <u>May 12, 1961</u><br>Death occurred at <u>3:00</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Degree or title) <u>Assistant U.S.A.</u>  |   | 22b. ADDRESS <u>200 B-4<sup>th</sup> St. Hayti Mo. 5-15-61</u>  | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>5-15-61</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Methodist Church</u>  | 23d. LOCATION (City, town, or county) (State) <u>Concord, Mo.</u>  |
| 24. FUNERAL DIRECTOR ADDRESS <u>J. J. Smith, Hayti, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>5-16-61</u>   | 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>  |

JUN 1 1961

**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 Kelley

Licensed Embalmer No. 3788

P. O. Address Caruthersville

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.