

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041489

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2.001 Registrar's No. 576

**FILED DEC 11 1961**

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in 1b <b>3 Days</b>	c. CITY OR TOWN <b>Joplin</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joplin General Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>911 North Tyler</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Carol</b> Middle <b>Sue</b> Last <b>Spencer</b>			4. DATE OF DEATH Month <b>December</b> Day <b>3</b> Year <b>1961</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/1/1961</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>-</b> Days <b>3</b> IF UNDER 24 HR Hours <b>-</b> Min. <b>-</b>
11. BIRTHPLACE (City and state or country) <b>Joplin, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>No Record</b>		13b. MOTHER'S MAIDEN NAME <b>Lila Jo Spencer</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Ray Spencer, Joplin, Missouri.</b>

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

IMMEDIATE CAUSE (a) **Cerebral Hemorrhage**

DUE TO (b) **Birth injury**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
**48 hrs**

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

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  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.) <b>Unknown -- easy normal delivery</b>
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 12-1-1961 to 12-3-1961 and last saw her him alive on 12-3-1961  
Death occurred at 3:48 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
*E. O. Martin, D. O., F.A.A.O.S.*

22b. ADDRESS  
**908 East 7th St, Joplin Mo**

22c. DATE SIGNED  
**12-4-1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/5/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
24. FUNERAL DIRECTOR <b>Hurlbut-Glover Mortuary, Joplin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-5-1961</b>	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1934

**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 Dale Glover

Licensed Embalmer No. 4543  
P. O. Address Joplin, 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.