

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-041490  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 557

AMENDED

**FILED NOV 28 1961**

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> COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in lb <b>3 Weeks</b>	c. CITY OR TOWN <b>Webb City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>845 Campbell St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Parra</b> First <b>Etta</b> Middle <b>Spencer</b> Last			4. DATE OF DEATH <b>November 19, 1961</b> Month Day Year	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-14-1884</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Neoga, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Kelton</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Samuel T. Spencer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or or unknown)   (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Hugh Spencer 606 W. Daugherty St. Webb City, Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral emboli</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Thrombophlebitis &amp; gangrene both lower extremities</b>		<b>19 days</b>
	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	
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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
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21. I attended the deceased from 9/30/61 to 11/19/61 and last saw her him alive on 11/19/61  
Death occurred at 12:08P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Rm. Simpson</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Webb City, Mo.</b>	22c. DATE SIGNED <b>11-20-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-21-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
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24. FUNERAL DIRECTOR <b>Johnston-Simpson, Webb City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>11-24-1961</b>	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>
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DATE AMENDED

REASON FOR AMENDMENT

DOCUMENT

MEDICAL CERTIFICATION

BY-AFFIDAVIT OF

AUG 21 1962

**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 C. Simpson  
Licensed Embalmer No. 4647  
P. O. Address Webb City, 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.