

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011880

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 48

STATE FILE NUMBER

FILED MAR 27 1962

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Davis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Twp.		Length of stay in 1b 1 mo. 21 da	c. CITY OR TOWN Bloomfield
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) none
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Cleo Middle Spencer Last Spencer			4. DATE OF DEATH Month March Day 15 Year 1962		
5. SEX female	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 1/24/1877	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) Davis County, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles A. Spencer		13b. MOTHER'S MAIDEN NAME Jennie Priest		14. NAME OF HUSBAND OR WIFE no	
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. no	17. INFORMANT HospitalRecords Address _____		

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) Medullary Failure		
DUE TO (b) Thrombotic Encephalomalacia		
DUE TO (c) Arteriosclerosis		
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 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 January 22, 1962 to March 15, 1962 and last saw her March 15, 1962	COUNTY _____ STATE _____
21. I attended the deceased from 12:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) R.H. Sore D.O.	22b. ADDRESS MACON MO	22c. DATE SIGNED 3/15/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/19/1962	23c. NAME OF CEMETERY OR CREMATORY I.OOF Cemetery	23d. LOCATION (City, town, or county) (State) Bloomfield, Iowa
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24. FUNERAL DIRECTOR Wagler's Funeral Home ADDRESS Bloomfield Iowa	25. DATE RECD. BY LOCAL REG. 3-16-62	26. REGISTRAR'S SIGNATURE Ruth McNeely
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59
10610
28140
3
4 1
5 0
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7 1
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9332X
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12-2
13-0

ITEM NO. SHOULD READ

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 Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.