

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22546

BIRTH NO.		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6183		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) Milan		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Milan		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sull. Co. Rest Home				e. STREET ADDRESS (If rural, give location) 10600			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Marion		c. (Last) Spencer		4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 1956	
5. SEX m		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 12-22-1970	
9. AGE (in years last birthday) 85		10. UNDER 1 YEAR 2 Months 13 Days		11. UNDER 10 HRS. 1 Min.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sullivan Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Aaron Spencer		13b. MOTHER'S MAIDEN NAME Sarah Kelley		14. NAME OF HUSBAND OR WIFE Lena Dale			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Edward Spencer		ADDRESS Milan Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic gangrene 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4501				INTERVAL BETWEEN ONSET AND DEATH 10 hours 4 months	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from March 1, 1956, to June 5, 1956, that I last saw the deceased alive on June 5, 1956, and that death occurred at 7 P.M., from the causes and on the date stated above.			
23a. SIGNATURE J.R. McArthur (Degree or title)		23b. ADDRESS 1040 Branning Mo		23c. DATE SIGNED 6-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-56		24c. NAME OF CEMETERY OR CREMATORY Oakgrove Cem		24d. LOCATION (City, town, or county) (State) Milan Mo	
DATE REC'D BY LOCAL REG. 6-13-56		REGISTRAR'S SIGNATURE Mrs. M.W. Beckett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dwight Schoene Milan Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Dwight Dehaene*

Licensed Embalmer No. *2667*

P. O. Address *Mulden - N*

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.