

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

333

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>153</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6513 Morris St.</u>				d. STREET ADDRESS (If rural, give location) <u>222 No. 13th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marvin</u>			b. (Middle) <u>Lee</u>		c. (Last) <u>Spence</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 3 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-2-1917</u>		9. AGE (In years last birthday) <u>31</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hudson Oil Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Ridgeway, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S.C. Spence</u>			13b. MOTHER'S MAIDEN NAME <u>Effie Buzzard</u>		14. NAME OF HUSBAND OR WIFE <u>Erma</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 <u>497414-5820</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Erma Spence, 222 No. 13th St.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized carcinomatosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Teratoma of testicle</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1767</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>4 mo.</u>	
19a. DATE OF OPERATION <u>Oct 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Removal of rt. testicle in Amarilla, Texas</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Jan 21, 1949</u> , to <u>Feb 2, 1949</u> , that I last saw the deceased alive on <u>Feb 2, 1949</u> , and that death occurred at <u>5-6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Grant M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>2-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/49</u>		24c. NAME OF CEMETERY OR CREATOR <u>Morris Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.M</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 7, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		3800 25 FEDERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1949

**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. # 213

working under my personal supervision.

Signed Arandal R. Stone  
Student Embalmer

Signed John E. Rupp  
Licensed Embalmer No. 3986

P. O. Address St Joseph, 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 this body is not embalmed, fact should be so stated above.