

FILED MAR 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7311**

**004**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **8** PRIMARY REG. DIST. NO. **5034** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY <b>ANDRAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ANDRAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL -</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEXICO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>IN AMBULANCE NEAR NORTH-OF LADDONIA, MO 3 MILES</b>		d. STREET ADDRESS (If rural, give location) <b>903 W. MONROE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>RUSSELL</b> b. (Middle) _____ c. (Last) <b>SPENCE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 21, 1949</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR. 6, 1898</b>
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BRICK PLANT</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>THOS. SPENCE</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA ALLEN</b>	14. NAME OF HUSBAND OR WIFE <b>BERTHA RAGSDALE SPENCE</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>490-18-6826</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bertha Spence, Mo.</b>
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) <b>Perforation of stomach at pyloric region</b> DUPLICATE (b) <b>Carcinoma of pylorus + Duodenum.</b> DUPLICATE (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>March 19, 1949</b> to <b>March 21, 1949</b> that I last saw the deceased alive on <b>March 21, 1949</b> , and that death occurred at <b>1:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John A. Owens D.O.</b>		23b. ADDRESS <b>Mexico Mo.</b>	23c. DATE SIGNED <b>3-21-1949</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-23-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BETHEL CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>HOLLIDAY, MO.</b>
DATE REC'D BY LOCAL REG. <b>3-23-49</b>	REGISTRAR'S SIGNATURE <b>Martha Kenner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed Blakey</b> ADDRESS <b>PARIS, MO.</b>	

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

RECEIVED

District Health Officer No. 10

District File Number 3.49.57

Date Filed MAR 30 1949

APR 1 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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed: *W. E. Boothe* .....

Licensed Embalmer No. 4087

P. O. Address *St. Louis, Missouri - 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.