No. 300
10.48

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12196

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Climax Springs
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None Highway #35

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston, Mo
d. STREET ADDRESS (If rural, give location):

0430

3. NAME OF DECEASED (Type or Print)
a. (First): Bryce
b. (Middle): Luther
c. (Last): Spencer

4. DATE OF DEATH (Month) (Day) (Year): 4-8-1950

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Feb-2-1928
9. AGE (In years last birthday): 22 — If under 1 year: Months 2, Days 6 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Camden Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Alex L. Spencer
13b. MOTHER'S MAIDEN NAME: Pearl M. Crane
14. NAME OF HUSBAND OR WIFE: Barbara J. Spencer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-25-2692
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Betty Creach — **ADDRESS**: Macks Creek 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal injuries — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Broken neck fractured Skull
DUE TO (c): Automobile wreck — instantly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Collision

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP): Near Climax Springs — (COUNTY): Camden — (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 8 50 4:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto Collision — MV

22. *I hereby certify that I attended the deceased from* 4-8, 1950, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

VIEWED

23a. SIGNATURE: Abbie Bankson Woolery — (Degree or title): Coroner
23b. ADDRESS: Camdenton, Camden Co Mo
23c. DATE SIGNED: 4-10-50
24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 4-10-1950
24c. NAME OF CEMETERY OR CREMATORY: Fisher Cem.
24d. LOCATION (City, town, or county): Preston — (State): Mo
DATE REC'D BY LOCAL REG.: 4-17-50
REGISTRAR'S SIGNATURE: G. D. Myers M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Vaughan-Rescr — **ADDRESS**: Urbana, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 1951

MAY 18 1950

JUN 12 1951

RECEIVED - 5.8.50
District Health Officer No. 7
District File Number 4-50.461
Date Filed 5-8-50

MAY 8 1950

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 Allen W Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.