

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39583

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

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6582 Registrar's No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Sullivan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ill. b. COUNTY Sullivan 1050 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan Pleasant Hill Twp 2942 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan Rural 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) Pleasant Hill Twp | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Caroline c. (Last) Spencer | | 4. DATE OF DEATH (Month) (Day) (Year) 11 26 50 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 10-15-1863 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper | | 10b. KIND OF BUSINESS OR INDUSTRY farm | 9. AGE (In years last birthday) 87 |
| 11. BIRTHPLACE (State or foreign country) 9 | | 12. CITIZEN OF WHAT COUNTRY? 45 | |
| 13a. FATHER'S NAME Samuel Brown | | 13b. MOTHER'S MAIDEN NAME Susan Craudall | 14. NAME OF HUSBAND OR WIFE Charles Spencer—dead |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Ill. | | 16. SOCIAL SECURITY NO. — | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Shaw ADDRESS Milan Ill |
| 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) Angina Pectoris ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (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 | |
| 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 11-24-50 to 11-26-1950, to 11-26-1950, that I last saw the deceased alive on 11-24-1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE E. J. Simpson (Degree or title) | | 23b. ADDRESS Milan, Ill. | 23c. DATE SIGNED 11-27-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/28/50 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cem. | 24d. LOCATION (City, town, or county) (State) Milan Ill |
| DATE REC'D BY LOCAL REG. Dec. 4-1950 | REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320 | 25. FUNERAL DIRECTOR'S SIGNATURE Schlegel's Funeral Home Milan Ill | |

Date Received: DEC 6
DISTRICT HEALTH OFFICE #2
District File Number 12-30-20
Date Filed: DEC 8 1960

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Student Embalmer

Signed

Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address *Urban, 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.