

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4188

BIRTH NO. 81084-50 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gallatin</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gallatin</u> <u>0240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>west of oak wood</u>		d. STREET ADDRESS (If rural, give location) <u>Gashland, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>David</u>	b. (Middle) <u>Walter</u>	c. (Last) <u>Spencer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>6 Dec 1950</u>	9. AGE (In years last birthday) <u>0</u> MONTHS <u>1</u> DAYS <u>25</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Gerald Spencer</u>	13b. MOTHER'S MAIDEN NAME <u>Nadine Eiken</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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 NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gerald Spencer</u>	ADDRESS <u>Gashland</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12-24 hrs - not definitely known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 6, 1950, to Jan 31, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 3:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. Johnson</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Gashland, Mo.</u>	23c. DATE SIGNED <u>2-5-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Feb 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 2-1951</u>	REGISTRAR'S SIGNATURE <u>Paul H. Kitchner</u> <u>63</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mostert Funeral Home</u> ADDRESS <u>M.K.C.</u>
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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 _____

J.S. Morton III

working under my personal supervision.

Student Embalmer No. *350*

Signed *Jalms Morton III*
Student Embalmer

Signed *Harold L. Rosson*

Licensed Embalmer No. *3605*

P. O. Address _____

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.