

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9739

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 3058 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY St. Charles County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, write RURAL and give town) St. Charles, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Nevada 1082	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED a. (First) Theron b. (Middle) Spencer c. (Last) Spencer			4. DATE OF DEATH (Month) (Day) (Year) 3-10-1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-2-1914	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 1 Days 8	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? MO
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13a. FATHER'S NAME Fred Spencer	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Pauline Spencer - wife
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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) yes War II	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Spencer Nevada Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion, severe		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushing injury of chest = extended lung injury DUE TO (c) Cerebral Hemorrhage fracture of tibia & fibula		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rupture of stomach Laceration spleen, etc.			

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 40	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jonesburg Marion Warren Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 4 1951 10P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Collision of 2 cars of Highway
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22. I hereby certify that I attended the deceased from 3-4-1951, 1951 to 3-10-51, 1951, that I last saw the deceased alive on 3-9-1951, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE Russell Fisher M.D. (Degree or title)	23b. ADDRESS St. Charles Hotel Bldg., St. Chas	23c. DATE SIGNED 3-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-10-51	24c. NAME OF CEMETERY OR CREMATORY Nevada Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Mo
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DATE REC'D BY LOCAL REG. March 10 1951	REGISTRAR'S SIGNATURE Francis Hamelton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hamelton & Howland Mortuary, Inc. St Louis Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0923

11032.

File No. \_\_\_\_\_

DISTRICT HEALTH OFFICE No. 4

MAR 19 1951

RECEIVED

MAY 7 1951

MAY 29 1951

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 10 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.