

FILED JUN 5 1951

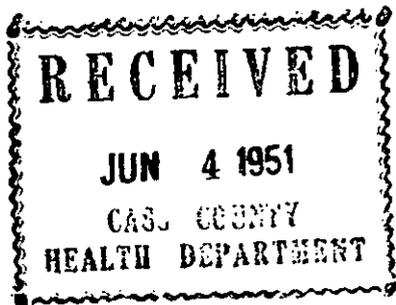
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15909

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5227		Registrar's No. 61			
1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, write RURAL and give town or OR RURAL - Peculiar to township) <u>Freeman</u> c. LENGTH OF STAY (in this place) <u>13 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				2. USUAL RESIDENCE (Where detained lived: If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Freeman</u> <u>0190</u> d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Ethel Blane Spencer</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 - 1951</u>					
5. SEX <u>Fe / Wh.</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr. 9 - 1881</u>			
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Adrian Mo</u>			
11. BIRTHPLACE (State or foreign country) <u>Adrian Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Oscar Hand</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Peoples</u>			
13a. FATHER'S NAME <u>Oscar Hand</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Peoples</u>		14. NAME OF HUSBAND OR WIFE <u>William Spencer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claude Spencer, Tulsa, Okla.</u>					
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension-arteriosclerosis</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>		21f. HOW DID INJURY OCCUR? <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>May 5, 1951</u> , to <u>May 29, 1951</u> , that I last saw the deceased alive on <u>May 28, 1951</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul H. Green D.O.</u>		23b. ADDRESS <u>Harisonville, Mo.</u>		23c. DATE SIGNED <u>May 29 - 51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31 - 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Lauria J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William H. Jones, Harisonville</u>					

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

mo.



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..... *Hoyd Atkinson*
Licensed Embalmer No. 3920
P. O. Address *Atkinsonville*

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.

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