

FILED JUN 18 1951
D. P. Lewis

THE DIVISION OF HEALTH OF THE STATE OF NEVADA
STANDARD CERTIFICATE OF DEATH

State File No. 21851

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, write BURAL and give town) OR TOWN Nevada
c. LENGTH OF STAY (In this place) 29
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Nevada City Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Vernon
c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN Nevada 1082
d. STREET ADDRESS (If rural, give location) 413 S. Spring 0

3. NAME OF DECEASED
a. (First) Virginia b. (Middle) Spencer c. (Last) Spencer
4. DATE OF DEATH (Month) (Day) (Year) 6-2-51

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 5-12-22 9. AGE (In years last birthday) 29 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife 11. BIRTHPLACE (State or foreign country) Nevada, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Mage 13b. MOTHER'S MAIDEN NAME Daisy Mage 14. NAME OF HUSBAND OR WIFE Loren Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY (If yes, give year or dates of service) no 17. INFORMANT'S SIGNATURE OR NAME Loren Spencer ADDRESS Nevada 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anti infectious hepatitis MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH 7 weeks
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 092X 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Feb 27, 1948, to June 2, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Koyal Pearl (Degree or title) _____ 23b. ADDRESS Nevada Mo 23c. DATE SIGNED 6/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6-5-51 24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 24d. LOCATION (City, town, or county) (State) Nevada Mo

DATE REC'D BY LOCAL REG. 6-6-51 REGISTRAR'S SIGNATURE Anna E. Ferry 451 25. FUNERAL DIRECTOR'S SIGNATURE Exchanges Funeral Home ADDRESS Nevada Mo

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

501

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 11 1931

Dist. File 657-1307

Date Filed 6-11-31

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 *Mark Eichinger*

Licensed Embalmer No. 2856

P. O. Address *Nevada 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.