

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38178**

DEC 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **226** PRIMARY REG. DIST. NO. **4338** Registrar's No. **40**

690  
12

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MONROE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>MONROE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY 0690</b>                                      |  |
| c. LENGTH OF STAY (in this place) _____  |  | d. STREET ADDRESS (If rural, give location) <b>221 NORTH OAK ST</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>BUS STATION INTERS. 244 B6</b> |  |   |  |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>BENJAMIN</b> b. (Middle) <b>CURTIS</b> c. (Last) <b>SPICER</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>11-25-1951</b> |
|---|---|

|                    |                               |   |                                   |  |
|--------------------|-------------------------------|---|-----------------------------------|--|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>4/21/1887</b> | 9. AGE (In years last birthday) <b>64</b> 10. UNDER 1 YEAR (Months) <b>7</b> 11. UNDER 24 HRS. (Days) <b>7</b> 12. UNDER 60 MIN. _____ |
|--------------------|-------------------------------|---|-----------------------------------|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHEET METAL WORKER</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>STONE FOUNDRY</b> | 11. BIRTHPLACE (State or foreign country) <b>HULL, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b> |
|---|--|---|--|

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| 13a. FATHER'S NAME <b>CURTIS ALBERT SPICER</b> | 13b. MOTHER'S MAIDEN NAME <b>ANNA MARY COKER</b> | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Maude Spicer</b> |
|--|--|--|

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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) _____ | 16. SOCIAL SECURITY NO. <b>318-26-7136</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maude Spicer</b> ADDRESS <b>MONROE CITY</b> |
|--|--|---|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only the cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Natural Causes.</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS:<br>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) <b>7955</b> |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| 23a. SIGNATURE <b>Russell H. Nelson</b> (Degree or title) _____ | 23b. ADDRESS <b>MONROE CITY MO</b> | 23c. DATE SIGNED <b>11/27/51</b> |
|---|------------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>11/27/51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>ST. JUDES CEM</b> | 24d. LOCATION (City, town, or county) (State) <b>MONROE CITY MO.</b> |
|---|---------------------------|---|--|

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| DATE REC'D BY LOCAL REG. <b>11-27-51</b> | REGISTRAR'S SIGNATURE <b>Anna M. Burditt</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold Warner</b> ADDRESS <b>MONROE CITY</b> |
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1957

FEB 17 1958

DEC 11 1957

Date Received: NOV 30 1957  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-22  
Date Filed: DEC 5 1957

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: *Nancy Garner*

Licensed Embalmer No. 3120

P.O. Address: *Morse City, 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.