

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8409**

BIRTH NO. **FILED MAR 17 1954** REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5529** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory			
b. CITY OR TOWN Rural-Wheatland		c. LENGTH OF STAY (in this place) 6 mos		c. CITY (If outside corporate limits, write RURAL and give township) of 30 OR TOWN Rural-Wheatland Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile East Wheatland		d. STREET ADDRESS (If rural, give location) 1 mile East Wheatland			
3. NAME OF DECEASED (Type or Print) James Russell Lowell Spenny			4. DATE OF DEATH (Month) (Day) (Year) Mar 13-1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11-1896		9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Floor Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Anderson Ind. I		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Spenny		13b. MOTHER'S MAIDEN NAME Rhoda Lowell		14. NAME OF HUSBAND OR WIFE Mattie Spenny	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or date of service) World War I Canada	16. SOCIAL SECURITY NO. 491-05-1704	17. INFORMANT'S SIGNATURE OR NAME Mattie Spenny ADDRESS Wheatland - 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder (cancer) INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 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. metastases to stomach				
19a. DATE OF OPERATION Dec 1953	19b. MAJOR FINDINGS OF OPERATION Cancer of urinary bladder			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) 181 X			
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 Oct , 1953, to Mar 12 , 1954, that I last saw the deceased alive on Mar 12 , 1954, and that death occurred at 7:30 a m., from the causes and on the date stated above.					
23a. SIGNATURE R D Newins M.D. (Degree or title)		23b. ADDRESS Hermitage Mo		23c. DATE SIGNED 3-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 18-1954	24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo		
DATE REC'D BY LOCAL REG. 3-14-54	REGISTRAR'S SIGNATURE Mary Johnson	464-	25. FUNERAL DIRECTOR'S SIGNATURE Herbert Kethawa, Wheatland, Mo ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

430
1

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Md

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.