

MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11070**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give town) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE	
c. LENGTH OF STAY (In this place) 2 1/2 days		d. STREET ADDRESS (If rural, give location) 610 S Osteopathy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirks. Osteopathic Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) GRACE c. (Last) SPENCER			4. DATE OF DEATH (Month) (Day) (Year) April 30 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 7, 1881		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Weaver, Iowa	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George W. Wilson		13b. MOTHER'S MAIDEN NAME Lucy Stewart		14. NAME OF HUSBAND OR WIFE John W. Spencer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bruce Hunt ADDRESS Kirksville, Mo 610-S-Osteopathy	

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) Medullary failure		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myasthenic Crisis		48 hrs.
	DUE TO (c) Myasthenia Gravis		3 yrs?
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		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **Sept 10, 1953** to **Apr 30, 1954**, that I last saw the deceased alive on **Apr 30, 1954**, and that death occurred at **11:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M T Lutensauer D.O.		23b. ADDRESS Kirksville Mo		23c. DATE SIGNED 4-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 3, 1954		24c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	
24d. LOCATION (City, town, or county) (State) Kirksville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis ADDRESS Kirksville, Mo.			
DATE REC'D BY LOCAL REG. 5-1-54		REGISTRAR'S SIGNATURE Kate Lambert 1-0			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....

Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address Kirkville, Missouri

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.