

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5836 State File No. 38165
Registrar's No. 127

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047

1. PLACE OF DEATH
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give town or township) U.S. Hiway 71

c. CITY OR TOWN Joplin

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A Sales Memorial Hosp. on Neosho, MO.

e. STREET ADDRESS (If rural, give location) 511 1/2 E. Ninth. St. 0495

3. NAME OF DECEASED
a. (First) Earl b. (Middle) Paul c. (Last) Spencer

4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1954

5. SEX Male 6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Apr. 2, 1910

9. AGE (In years last birthday) 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Mechanic

11. BIRTHPLACE (City and State or Foreign Country) Fayetteville, Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fate Spencer

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Della Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della Spencer Joplin, 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) Fractured Skull
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)
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

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Neosho Newton Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 6, 1954 4 P. M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR Highway Accident - Passed a yellow line

22. I hereby certify that I attended the deceased from _____, 19____, to Nov. 6, 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Boony Thompson Jr. Coroner

23b. ADDRESS 307 E. Main St. Neosho, Mo.

23c. DATE SIGNED 11-16-54

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-9-54

24c. NAME OF CEMETERY OR CREMATORY Parkway Cemetery

24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 11-17-54

REGISTRAR'S SIGNATURE Melvin C. Bowman

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillion, Joplin, Mo.

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1154-241

Date Filed NOV 26 1954

NEWTON, MISSOURI

JAN 21 1955

APR 12 1955

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.....
Signature of Student Embalmer

Signed Jesse O. Sullivan, Jr.
Licensed Embalmer No. 4646

P. O. Address Newton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.