

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16120**

BIRTH NO. _____		REG. DIST. NO. <u>244</u>		PRIMARY REG. DIST. NO. <u>3824</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>rural- Marion Twp.</u>		c. LENGTH OF STAY (in this place) <u>65 years</u>		c. CITY OR TOWN <u>Diamond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Diamond Route 1</u>				STREET ADDRESS (If rural, give location) <u>Route 1</u> 0730			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u>		b. (Middle) <u>ELBERTA</u>		c. (Last) <u>SPENCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1955</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 17, 1871</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Burgess Benschoter</u>		13b. MOTHER'S MAIDEN NAME <u>Pamela Craig</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel W. Spence</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lynwood Spence, Rte 1, Diamond, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malnutrition</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> 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 <u>2 wks</u> <u>yrs</u>	
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)		2865	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>April 19, 1953</u> to <u>April 25, 1955</u> , that I last saw the deceased alive on <u>April 24, 1955</u> , and that death occurred at <u>12:35pm</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. E. Rolene</u> <u>MD</u>				23b. ADDRESS <u>Granby, Mo</u>		23c. DATE SIGNED <u>4-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-27-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stone Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Allie Parnell</u> ²²²		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

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

RECEIVED

Director of Health Officer No. NEWTON COUNTY HEALTH UNIT

JOB NO. _____

Date _____

555-7/
3-21-55

NEOSHO, MISSOURI VS APR 11 1961

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 D. L. Isbell

Licensed Embalmer No. 497

P. O. Address Cothran

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.