

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21475

FILED AUG 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4108 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Stockton</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Stockton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>554 North St.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) <u>554 North St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PORTER</u>	b. (Middle)	c. (Last) <u>SPENCER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19, 1889</u>
9. AGE (In years Just birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>13</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>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Merchant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stockton, Mo.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	

13a. FATHER'S NAME <u>Adam Spencer</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Harper</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Spencer</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY # <u>491-38-9758</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Spencer</u>	ADDRESS <u>Stockton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gangrene of feet &amp; legs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cardiac &amp; glaucoma</u>		
	DUE TO (b)		<u>9 months</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1981</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to Aug. 2, 1955, that I last saw the deceased alive on Aug. 2, 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Stockton Mo.</u>	23c. DATE SIGNED <u>8-2-55</u>
--------------------------------------	----------------------------------	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-4-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-6-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	541-0	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Home - Stockton, Mo.</u>
---	---	-------	--	--

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..

Student.....  
Signature of Student Embalmer

Signed *John A. Cantlon*.....

Licensed Embalmer No. *43*

P. O. Address *Stockton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.