

THE DIVISION OF HEALTH OF MISSOURI  
FILED SEP 6 1955 STANDARD CERTIFICATE OF DEATH

State File No. 27095

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 82

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> |  |
| b. CITY OR TOWN <u>Neosho</u>                                     |  | c. CITY OR TOWN <u>Ritchey</u>   |  |
| c. LENGTH OF STAY (in this place) <u>4 da</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>Sale Memorial Hosp</u> |  | e. STREET ADDRESS (If rural, give location) <u>None</u>  |  |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Francis</u> c. (Last) <u>Spencer</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-1955</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>4-10-1900</u> |  | 9. AGE (In years last birthday) <u>55</u> |  | IF UNDER 1 YEAR<br>Months _____ Days _____ |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |  |
|----------------------|--|-------------------------------|--|---|--|-----------------------------------|--|---|--|--|--|--|--|

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|--|--|--|---|--|--|--|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____ |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper County - MO</u> |  |  | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |  |  |
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|--|--|--|--|--|--|---|--|--|
| 13a. FATHER'S NAME <u>Frank G. Gorth</u> |  |  | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>deceased</u> |  |  |
|--|--|--|--|--|--|---|--|--|

|   |  |                                     |  |   |  |                        |  |
|---|--|-------------------------------------|--|---|--|------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>None</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Betty Lou Coon</u> |  | ADDRESS <u>Ritchey</u> |  |
|---|--|-------------------------------------|--|---|--|------------------------|--|

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|--|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION                              |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr Myocarditis</u>  |  | DUPLICATE OF (b) <u>Hypertensive heart disease</u> |  |  |  |  |  | <u>1 year</u>                    |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUPLICATE OF (c) _____                             |  |  |  |  |  | <u>3 years</u>                   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.          |  | <u>443X</u>  |  |  |  |  |  |                                  |  |

|                        |  |                                  |  |  |  |  |  |   |  |
|------------------------|--|----------------------------------|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10:53, to 16 Aug, 1955, that I last saw the deceased alive on 16 Aug, 1955 and that death occurred at 4 P m., from the causes and on the date stated above.

|   |  |                               |  |                                   |  |
|---|--|-------------------------------|--|-----------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) |  | 23b. ADDRESS <u>Neosho Mo</u> |  | 23c. DATE SIGNED <u>22 Aug 55</u> |  |
|---|--|-------------------------------|--|-----------------------------------|--|

|   |  |                            |  |  |  |   |  |
|---|--|----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>8-20-1955</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Black Fox cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Ritchey Missouri</u> |  |
|---|--|----------------------------|--|--|--|---|--|

|   |  |  |  |  |  |                                 |  |
|---|--|--|--|--|--|---------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>8-23-55</u> |  | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 2230 |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F.E. Newmark</u> |  | ADDRESS <u>Granby, Missouri</u> |  |
|---|--|--|--|--|--|---------------------------------|--|

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

DEC 5 1955

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. \_\_\_\_\_  
District Office No. \_\_\_\_\_  
Date Filed **SEP 2 1955**

NEOSHO, MISSOURI

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 *Floyd E. Slawnske Jr.*

Licensed Embalmer No. *4923*  
P. O. Address *Box 58, Moberly, 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.