.300
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FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9816

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 119

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Vandalia
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): DD 4/1

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle): C.
c. (Last): Spencer

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 5, 1920
9. AGE (In years last birthday): 35 — IF UNDER 1 YEAR: Months 7 Days 19 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Labor
10b. KIND OF BUSINESS OR INDUSTRY: Utilities
11. BIRTHPLACE (City and State or Foreign Country): Vandalia, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Floyd Spencer
13b. MOTHER'S MAIDEN NAME: Sarah Callen
14. NAME OF HUSBAND OR WIFE: Dorothy Day Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ellen Spencer, Vandalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) barbiturate poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) suicide delestin poisoning — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* grand mal epilepsy

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 9702
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Vandalia Audrain Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3/22/56 7:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: took 260 tab obtained in St Louis, Mo

22. *I hereby certify that I attended the deceased from* June 10, 1955, *to* March 24, 1956, *that I last saw the deceased alive on* 3/24/56, 19___, *and that death occurred at* 2:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Evan D Keene (Degree or title) MD
23b. ADDRESS: Vandalia Mo
23c. DATE SIGNED: 4/5/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 26, 1956
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia, Missouri

DATE REC'D BY LOCAL REG.: 4-9-56
REGISTRAR'S SIGNATURE: Dr E M Luckey Jr Fisher
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: William B Waters Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 1 3 1956
MARION CO. HEALTH DEPT.
DATE FILED APR 1 3 1956

MAR 27 1959

APR 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Waters

Licensed Embalmer No. 41

P. O. Address Vandalia,

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.