

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

27564  
 State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5698 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Cream Ridge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula-Rural-Cream Ridge Twp. 0599</u>	
c. LENGTH OF STAY (in this place) <u>50 years.</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 Mi. N.W. Chula.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 Mi. N.W. Chula.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Sheridan</u> c. (Last) <u>Spencer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 24 1956</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>Sept. 16 1903</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR: Year _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Willard Henry Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Jane Cotten</u>		14. NAME OF HUSBAND OR WIFE <u>Leola + Paul Spencer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lorene Sherron</u> ADDRESS <u>Chula, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes m.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>  <u>10 + yrs.</u>  <u>5 + yrs.</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____		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 1957, to Aug., 1956, that I last saw the deceased alive on 7/26, 1956, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Price</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Chulmothe, MO.</u>		23c. DATE SIGNED <u>25 Aug. 56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/26/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rest Haven Memorial Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO</u>		DATE REC'D BY LOCAL REG. <u>Aug 12 5/1956</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>EJ. Robertson</u>		ADDRESS <u>Funeral Home Chula Mo</u>			

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

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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 .....  
Student Embalmer

Signed *J. M. Robertson* .....

Licensed Embalmer No. *4388* .....

P. O. Address *Laredo, TX* .....

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 this body is not embalmed, fact should be so stated above.