

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30181

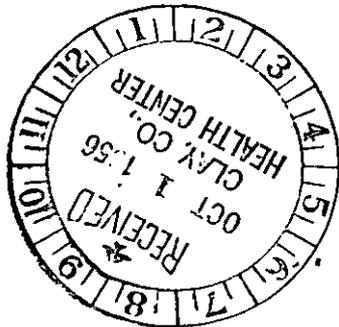
FILED OCT 8 1956

State File No. 92

BIRTH NO. _____		REG. DIST. NO. <u>73</u>	PRIMARY REG. DIST. NO. <u>5291</u>	Registrar's No. <u>92</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Liberty</u>		c. LENGTH OF STAY (in this place) <u>1 WK</u>	c. CITY OR TOWN <u>Goshland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>none</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>F</u> c. (Last) <u>SPENCER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 7-1870</u>	9. AGE (In years last birthday) <u>86</u> if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dricks, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Spencer</u>		
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>Rilda McMullen Brewer</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Local Northern, Platte City, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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.) <u>4201</u>		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 <u>Sept 21 1956</u> to _____, 19____, that I last saw the deceased alive on <u>Sept 21, 1956</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. J. Godson</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>9/24/56</u>
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>Sept. 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Platte City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mabel Graham</u>		
DATE REC'D BY LOCAL REG. <u>9-29-56</u>		ADDRESS <u>Church-Archer Co. Liberty, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *Harold B. Smith*

Licensed Embalmer No. *457*

P. O. Address *Liberty*

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.