FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44772
STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 6005 Registrar's No.

1. PLACE OF DEATH
a. COUNTY #Ralls
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Spencer Township. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) U.S.Highway #61 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill b. COUNTY Sangamon
c. CITY OR TOWN Spr ingfield ,Ill. Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) West Edwards St. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Charles Last Spengler
4. DATE OF DEATH Month November Day 22 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10-6-32
9. AGE (In years last birthday) 24 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Rochester,Ill
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William J. Spengler
14. MOTHER'S MAIDEN NAME Marie Ferreira
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. 352-28-8441
17. INFORMANT Address Mr.William J.Spengler

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head-on collision of two automobiles
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) in the west lane of traffic on Saltriver bridge on U.S.Highway No 61,North of
DUE TO (c) New London,Missouri.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Auto accident. Head & Chest injury.
20c. TIME OF INJURY Hour a.m. p.m. 2:30 A.M. Month, Day, Year 11 22 56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) US Highway #61
20f. CITY, TOWN, OR LOCATION COUNTY Ralls STATE Missour

21. I attended the deceased from No Medical attention. and last saw her/him alive on
Death occurred at 2:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clyde C. Wilkey (Degree or title) Coroner
22b. ADDRESS Perry,Missouri
22c. DATE SIGNED 11-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-23-56
23c. NAME OF CEMETERY OR CREMATORY Morrisonvill Cemerery
23d. LOCATION (City, town, or county) (State) Morrisonville,Ill

24. FUNERAL DIRECTOR H M O'Donnell ADDRESS Hannibal,mo.
25. DATE RECD. BY LOCAL REG. 1-9-1957
26. REGISTRAR'S SIGNATURE Clyde C. Wilkey

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H M A'Donnell

Licensed Embalmer No.....3

P. O. Address Hannibal

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.