

Dr. Landau

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2026

STATE FILE NUMBER

52909-56 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>321b No. 7th St.</b>		d. STREET ADDRESS (If outside, give location) <b>321b No. 7th St.</b>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>David Matthew Spencer</b>			4. DATE OF DEATH <b>1-12-57</b>		
5. SEX <b>Male</b>			6. COLOR OR RACE <b>white</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>8/31/1956</b>		
9. AGE (In years last birthday)			IF UNDER 1 YEAR		IF UNDER 24 HRS.
			Months <b>4</b>	Days <b>12</b>	Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
			11. BIRTHPLACE (City and state or country) <b>Hannibal, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>James R. Spencer Sr.,</b>		
14. MOTHER'S MAIDEN NAME <b>Elizabeth Terry</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT <b>James R. Spencer, Sr.,</b>		
			Address <b>321b No. 7th Hannibal, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Riffuse Douchegone - Bolest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Just before next few hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		<b>491X</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **11:00 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **David B. Landau M.D.** (Doctor or title) 22b. ADDRESS **228 Bonding Hannibal** 22c. DATE SIGNED **14 Jan 1957**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1/14/57** 23c. NAME OF CEMETERY OR CREMATORY **St. Mary's Cemetery** 23d. LOCATION (City, town, or county) (State) **Hannibal, Mo.**

24. FUNERAL DIRECTOR **W. M. O'Connell** ADDRESS **Hannibal, Mo.** 25. DATE RECD. BY LOCAL REG. **Jan 14 1957** 26. REGISTRAR'S SIGNATURE **W. E. M. Luke By J. C. Fisher**

(Licensed Embalmer's Statement on Reverse Side)

1890  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JAN 18 1957  
MARION CO. HEALTH DEPT.  
DATE FILED JAN 18 1957

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 *H. M. O'Donnell* .....

Licensed Embalmer No. 388

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.