

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12477

FILED MAY 6 - 1957

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Mo.</u> c. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Keytesville Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Keytesville Twp.</u>	
c. LENGTH OF STAY (in this place) <u>81-Years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9-Miles S.E. of Keytesville</u>		d. STREET ADDRESS (If rural, give location) <u>9-Miles S.E. of Keytesville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Broaddus</u> c. (Last) <u>Spence</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27th, 1957</u>
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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>April 4th, 1876</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 HRS. Hours _____ Min. _____
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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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Chariton County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Spence</u>	13b. MOTHER'S MAIDEN NAME <u>Elmira Hurt</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Spence</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-42-9603</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annie Spence</u>	ADDRESS <u>Salisbury, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 da</u> <u>(?)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Apoplexy</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> 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) <u>334x</u>
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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? _____
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22. I hereby certify that I attended the deceased from 4-18, 1957, to 4-27, 1957 that I last saw the deceased alive on 4/26, 1957 and that death occurred at 10: A am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>[Title]</u>	23b. ADDRESS <u>Salisbury, Mo.</u>	23c. DATE SIGNED <u>4/29/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 29th 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/29/57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Keytesville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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1967 & 8 10/17

10/17

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 A. D. Stewart

Licensed Embalmer No. 3046

P. O. Address Kylesville Md

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.