

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH23515  
STATE FILE NUMBERRegistration District No. 31 Primary Registration District No. 5106 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cole Township</u>		c. CITY OR TOWN <u>Lincoln R 702</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 mile S.E. of Lincoln</u>		d. STREET ADDRESS (If outside, give location) <u>7 mile Southeast of Lincoln</u>	
3. NAME OF DECEASED (Type or print) <u>SYLVANIA</u>		4. DATE OF DEATH <u>July 22 1957</u>	
First <u>Isabelle</u> Middle <u>Spencer</u> Last <u>Spencer</u>		Month <u>July</u> Day <u>22</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 11, 1882</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Cole Camp, mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wesley Casto</u>		14. MOTHER'S MAIDEN NAME <u>Rachel Ferguson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Euna Spencer</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
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 <u>3:45</u> Month <u>Sept.</u> Day <u>25</u> Year <u>1957</u> a. m. p. m.		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Lincoln mo</u>		20g. COUNTY <u>mo</u> STATE <u>mo</u>	
21. I attended the deceased from <u>Sept. 1952</u> to <u>July 22nd</u> and last saw her <u>alive</u> on <u>July 20-1957</u> Death occurred at <u>3:45 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>T. R. McBea D.O.</u>		22b. ADDRESS <u>Box 13 Lincoln mo</u>	
22c. DATE SIGNED <u>7-24-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>July 25, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Benton Co. mo</u>		23e. LOCATION (State) <u>mo</u>	
24. FUNERAL DIRECTOR <u>Fred Davis &amp; Sons</u>		25. DATE RECD. BY LOCAL REG. <u>7-25-57</u>	
ADDRESS <u>Lincoln</u>		26. REGISTRAR'S SIGNATURE <u>E. L. Eickhoff</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. H. Stevenson*

Licensed Embalmer No. *40*

P. O. Address *Stover*

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.