

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39046

STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GIBBS 0010 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. O. H. Length of stay in lb 4 DAYS		d. STREET ADDRESS NONE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle I. Last SPENCER			4. DATE OF DEATH Month Nov Day 12 Year 1957
5. SEX MALE	6. COLOR OR RACE CAUCASION	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 16, 1888
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY POSTAL	11. BIRTHPLACE (City and state or country) GIBBS, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME SCOTT SPENCER	
14. MOTHER'S MAIDEN NAME ADDIE RILEY		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. CHAS. SPENCER Gibbs, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left Ventricular failure, & Cor Pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Pulmonary & Gastro-intestinal hemorrhage DUE TO (c) 490X			INTERVAL BETWEEN ONSET AND DEATH
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"/>
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 . Month, Day, Year 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 9-15-1955 to Nov 12, 1957 and last saw her alive on Nov 12, 1957 Death occurred at 8:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David W. Boone Mo		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 11-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 15, 1957	23c. NAME OF CEMETERY OR CREMATORY UNION	23d. LOCATION (City, town, or county) (State) GIBBS Mo
24. FUNERAL DIRECTOR ADDRESS Kelley Rogers Brashear Mo		25. DATE RECD. BY LOCAL REG. 11-26-1957	26. REGISTRAR'S SIGNATURE Doris W. Rattiff

REC 12 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 *Richard B. Kelly*

Licensed Embalmer No. *449*

P. O. Address *Elm St*

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.