

FILED FEB 19 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 5763 Registrar's No. 1

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Philadelphia, Union Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Philadelphia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R. # 1</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R. R. # 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle Last <u>Spence</u>			4. DATE OF DEATH Month <u>January</u> Day <u>9</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 13, 1893</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Philadelphia, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Thomas Spence</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Allen</u>	
14. NAME OF HUSBAND OR WIFE <u>Fannie M. Spence</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>4497-42-1496</u>	
17. INFORMANT <u>Fannie M. Spence</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>Lobar Pneumonia</u> DUE TO (b) <u>Mitastatic carcinoma from spine</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1962</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <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 <u>January 1942</u> to <u>January 9, 1958</u> . Death occurred at <u>3:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		I first saw him alive on <u>January 9, 1958</u>			
22a. SIGNATURE <u>C. E. Shriver</u> (Degree or title) <u>D. O.</u>		22b. ADDRESS <u>Philadelphia, Missouri</u>		22c. DATE SIGNED <u>1-10-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-12-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia</u>	
23d. LOCATION (City, town, or county) <u>Philadelphia, Missouri</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>Lyman S. Feaster, Philadelphia</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-11-58</u>		26. REGISTRAR'S SIGNATURE <u>By Debra Allen Deputy</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are related. All diseases in Part I must be causally related.

**RECEIVED** FEB 19 1958  
**MARION CO. HEALTH DEPT.,**  
**DATE FILED** FEB 19 1958

**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 Harold Turner .....

Licensed Embalmer No. 3720 .....  
P. O. Address Monroe City .....

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.