

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022593
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Vandalia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth's Hospital		Length of stay in 1b 0041		d. STREET ADDRESS 414 West Park (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Glenn Middle Forest Last Spencer			4. DATE OF DEATH Month June Day 15 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH January 6, 1911	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 4 Days 1 Hours 47 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron worker		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Troy, Illinois	
13. FATHER'S NAME Joseph B. Spencer			14. MOTHER'S MAIDEN NAME Cora D. Callen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 492-09-1457		17. INFORMANT Address Charlotte Spencer, Vandalia, 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) bronchogenic carcinoma lung					INTERVAL BETWEEN ONSET AND DEATH 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					1621
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 _____ 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 June 6, 53 to June 15, 1958 and last saw ^{her} him alive on June 15, 58 Death occurred at 113015 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edwin Whelan MD (Name or title)			22b. ADDRESS Vandalia, Mo		22c. DATE SIGNED 6/19/58
23a. BURIAL, CREMATION, RECOVERY (Specify) Burial		23b. DATE June 18, 1958		23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	
				23d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
24. FUNERAL DIRECTOR Wm B Waters		ADDRESS Vandalia, Mo.		25. DATE RECD. BY LOCAL REG. 6-23-58	
				26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. C. Fisher	

RECEIVED JUN 26 1958
MARION CO. HEALTH DEPT.
DATE FILED JUN 26 1958

JUN 30 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 *William R. Waters*

Licensed Embalmer No. *416*

P. O. Address *Vandalia*

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.