

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017510
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 145

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-57

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Cole Camp |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital | | Length of stay in lb 008 | d. STREET ADDRESS (If outside, give location) --- 0 |

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| 3. NAME OF DECEASED (Type or print) First Edessa Middle --- Last Spencer | | | 4. DATE OF DEATH Month May Day 24th Year 1959 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 24, 1883 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Lawrence Kansas | 12. CITIZEN OF WHAT COUNTRY? U S A |
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| 13a. FATHER'S NAME Enoch Pittsford | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Kay Spencer |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mildred Weinberg Cole Camp Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Dissection of the hip with carcinoma DUE TO (c) --- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH 2 days 1 1/2 hrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1991 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 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 |
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| 21. I attended the deceased from 4-8-59 to 5-24-59 and last saw her alive on 5-24-59 Death occurred at 4-30-59 m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Name or title) Claude Thurber MD | 22b. ADDRESS Windsor Mo | 22c. DATE SIGNED 8-3-59 |
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| 23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial | 23b. DATE May 26, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial | 23d. LOCATION (City, town, or county) (State) Cole Camp Missouri |
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| 24. FUNERAL DIRECTOR E L Kichhoff | ADDRESS Cole Camp Mo | 25. DATE RECD. BY LOCAL REG. 6-5-59 | 26. REGISTRAR'S SIGNATURE Mildred Bigum |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *E. L. Eickhoff*
E L Eickhoff

Licensed Embalmer No. 730
Cole Camp Mo
P. O. Address.....

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.