

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-000025

STATE FILE NUMBER

FILED VS. JAN 30 1961 Primary Registration District No. 3000 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Adair b. CITY Kirksville Length of stay in 1b 9 days c. CITY OR TOWN Atlanta Inside Limits Yes No d. STREET ADDRESS Route 3 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon 3. NAME OF DECEASED First Middle Last GEORGE FREDERICK SPENCER 4. DATE OF DEATH January 25 1961 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-24-85 9. AGE (last birthday) 75 10a. USUAL OCCUPATION Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE Nebraska 12. CITIZEN OF WHAT COUNTRY United States 13a. FATHER'S NAME William Spencer 13b. MOTHER'S MAIDEN NAME Effie Keasy 14. NAME OF HUSBAND OR WIFE Eva Lena Spencer, Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Record Kirksville, Mo. 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEUROCIRCULATORY COLLAPSE DUE TO (b) CEREBRAL HEMORRHAGE DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTESTINAL OBSTRUCTION 2° to DUODENAL ULCERS PART III. If deceased was female was there a pregnancy in last 90 days. 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from Jan. 14, 1961 to Jan. 25, 1961 and last saw him alive on Jan. 24, 1961 Death occurred at 3:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) P. S. Hinton, M.D. 22b. ADDRESS Kirksville, MO 22c. DATE SIGNED 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-27-1961 23c. NAME OF CEMETERY OR CREMATORY Milam Chapel 23d. LOCATION (City, town, or county) (State) ATLANTA - MO. 24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA, MO ADDRESS 25. DATE RECD. BY LOCAL REG. Jan 27, 1961 26. REGISTRAR'S SIGNATURE Dewey W. Rathoff

DATE AMENDED AMENDED ITEM NO. SHOULD READ BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

P. E. HILTON, M.D.

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 Theo H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Mo

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.