

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025935

Registration District No. 195 Primary Registration District No. 5706 Registrar's No. 55-61 STATE FILE NUMBER

AMENDED

**FILED AUG 1 1961**

1. PLACE OF DEATH  
 a. COUNTY McDonald  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Anderson Length of stay in lb lifetime  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2 Anderson, Mo. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY McDonald  
 c. CITY OR TOWN Anderson Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
JAMES ROYCE SPENCER July 23 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-17-1909 9. AGE (last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee 10b. KIND OF BUSINESS OR INDUSTRY City 11. BIRTHPLACE (City and state or country) Anderson, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James P. Spencer 13b. MOTHER'S MAIDEN NAME Gertrude Royce 14. NAME OF HUSBAND OR WIFE Hazel Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

17. INFORMANT Address Eugene Spencer Anderson, 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) Crushed Chest + Internal Injuries INTERVAL BETWEEN ONSET AND DEATH Sudden  
 DUE TO (b) Car-Train Accident  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) Car Hit By Train (K.C.S.R.)

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) K.C.S.R Crossing 20f. CITY, TOWN, OR LOCATION Anderson COUNTY McDonald STATE Mo.

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death or time) Noel Mo. 22b. ADDRESS Noel Mo. 22c. DATE SIGNED 7-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-25-1961 23c. NAME OF CEMETERY OR CREMATORY Peace Valley 23d. LOCATION (City, town, or county) (State) Anderson, Mo.

24. FUNERAL DIRECTOR ADDRESS Roller Funeral Home Anderson, Mo. 25. DATE RECD. BY LOCAL REG. 7-24-1961 26. REGISTRAR'S SIGNATURE Mary A. Bradley

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AUG 30 1961

**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 Robert C. Rollen

Licensed Embalmer No. 5062

P. O. Address Anderson, 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.

1 11-48-1.