

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035574

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 33

STATE FILE NUMBER

AMENDED

FILED SEP 26 1961

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAFFEE</u>		Length of stay in lb <u>36 YRS.</u>	c. CITY OR TOWN <u>CHAFFEE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>132 WRIGHT AVE.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>132 WRIGHT AVE.</u>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>(NAN)</u> Last <u>SPENCER</u>		4. DATE OF DEATH Month <u>SEPT.</u> Day <u>13</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-24-1897</u>
9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RLWY. CONDUCTOR (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RLWY. CO.</u>	11. BIRTHPLACE (City and state or country) <u>MOSCOW, KENTUCKY</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS SPENCER</u>	
13b. MOTHER'S MAIDEN NAME <u>VIDA LEE SPENCER</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. CHARLES SCHULTZ - CHAFFEE, Mo.</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>		17. INFORMANT Address <u>MRS. CHARLES SCHULTZ - CHAFFEE, Mo.</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>ACUTE PULMONARY CONGESTION WITH MYOCARDIAL FAILURE 30M</u> DUE TO (b) <u>COR PULMONALE AND CONGESTIVE HEART FAILURE 1 1/2</u> DUE TO (c) <u>CARDIAC ENLARGEMENT AND BRONCHIAL ASTHMA 3 1/2</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>NOV. 12, 1960</u> to <u>SEPT 13, 1961</u> and last saw him alive on <u>7/25/61</u> . Death occurred at <u>11:00</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth D. Bass D.O.</u>		22b. ADDRESS <u>249 W. Yorkum St.</u>	22c. DATE SIGNED <u>9/18/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Sept. 16, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>BISPLINGHOFF FUNERAL HOME - CHAFFEE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 19 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Bisplinghoff</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1961 OCT 100 SA

**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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Miss

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.