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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1949

State File No. 23652
3084

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Topeka	
c. LENGTH OF STAY (in this place) 3 months		d. STREET ADDRESS (If rural, give location) R.R.#4	
d. FULL NAME OF HOSPITAL OR INSTITUTION 351 Maple Blvd. 3			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) "Buss" c. (Last) Spader			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 17, 1895
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (State or foreign country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Henry Spader	
13b. MOTHER'S MAIDEN NAME Louise Charvozal		14. NAME OF HUSBAND OR WIFE X	
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. don't know	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Porekas-351 Maple *K.C.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH 1 day
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure			1 day
DUE TO (c) Hypertensive Heart Disease			?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 14, 1949 , to July 14, 1949 ; that I last saw the deceased alive on July 14, 1949 , and that death occurred at 10 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (REG.) Glenn W. Springer DO (Degree or title) Glenn W. Springer, D.O.		23b. ADDRESS 5902 St. John Ave. Kansas City, Mo.	23c. DATE SIGNED 7-15-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/18/49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 7-15-49	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. F. Pater Son, 19th & Minn. - K.C. Ks.	

(Licensed Embalmer's Statement on Reverse Side)

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

Howard L. Porter

working under my personal supervision.

Student Embalmer No.

Signed

Howard L. Porter

Signed.....
Student Embalmer

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota-K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.