

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16964

State File No. _____

2100

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>				a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>1121 Harrison Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DESSIE</u>		b. (Middle)		c. (Last) <u>SPENCER</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>30</u>		(Year) <u>1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 25 1877</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>NASHVILLE, TENNESSEE</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>							
13a. FATHER'S NAME <u>EDWARD SPENCER</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILMA EDGENTON 1121 Harrison Street</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LUETIC TYPE HEART DISEASE WITH DECOMPENSATION</u>		INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES		DUE TO (b) _____					
Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		SUSPECTED TUBERCULOSIS (per X-Ray) <u>023XA</u>					
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4-7</u> , 19 <u>50</u> , to <u>4-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-30</u> , 19 <u>50</u> , and that death occurred at <u>5:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank E. [Signature] MD</u> (Degree or title)				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>5-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Union</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-6-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H B Moore</u>		ADDRESS <u>1820 E 18</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed HB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th

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