

FILED JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16778**

| | | | | | | | |
|---|--|--|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>2117</u> | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 47 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 5753 Woodland | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) M. c. (Last) SPAULDING | | | 4. DATE OF DEATH (Month) (Day) (Year) 5 6 1952 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 24, 1890 | | 9. AGE (in years last birthday) 61 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Broker | | 10b. KIND OF BUSINESS OR INDUSTRY Oppenstein Bros. | | 11. BIRTHPLACE (City and State or Foreign Country) Topeka, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME George R. Spaulding | | | 13b. MOTHER'S MAIDEN NAME Sallie Collins | | 14. NAME OF HUSBAND OR WIFE Mrs. Adeline E. Spaulding | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I | | 16. SOCIAL SECURITY NO. 487-38-8463 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Adeline E. Spaulding, 5753 Woodland | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spontaneous pneumothorax | | | | | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Pulmonary Emphysema Chronic Pulmonary DUE TO (c) Chronic Tuberculosis | | | | | | years 6-8 years |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right heart failure - 2 yrs Coronary sclerosis | | | | | | 002+ |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Spontaneous pneumothorax | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>May 2, 1952</u> , to <u>May 6, 1952</u> , that I last saw the deceased alive on <u>May 6, 1952</u> , and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE W. A. Henry (Degree or title) M.D. | | | | 23b. ADDRESS 315 Nichols Rd. K.C. Mo. | | 23c. DATE SIGNED May 7, 1952 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/9/52 | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Olathe, Kansas | | |
| DATE REC'D BY LOCAL REG. 5-8-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO. | | | |

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

2981 71 1101

521533

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 Clayton Barnes
Licensed Embalmer No. 4793

P. O. Address K.C., 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 this body is not embalmed, fact should be so stated above.