

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28875

State File No. 4167

FILED SEP 11 1953

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 MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 25 yrs.		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 607 WYANDOTTE T.M. JAMES WAREHOUSE				e. STREET ADDRESS (If rural, give location) 3216 St. John 3048			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ERNEST c. (Last) SPIDEL			4. DATE OF DEATH (Month) (Day) (Year) AUG 21, 1953				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR-28-1895	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN-WHOLESALE WAREHOUSE		10b. KIND OF BUSINESS OR INDUSTRY T.M. JAMES & SONS INDUSTRY CHINA COMPANY		11. BIRTHPLACE (City and State or Foreign Country) BURLINGAME, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM SPIDEL		13b. MOTHER'S MAIDEN NAME MARY DAVIS		14. NAME OF HUSBAND OR WIFE MRS. AUDREY I. SPIDEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLDWART		16. SOCIAL SECURITY NO. 486-07-4588		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. AUDREY I. SPIDEL 3216 ST. JOHN AVE. KANSAS CITY, MO.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4201					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY 8:22 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:20 P.m., from the causes and on the date stated above.							
23. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1134 Pinalto Bldg		23c. DATE SIGNED 8-22-53	
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE Aug-24-1953		24c. NAME OF CEMETERY OR CREMATORY BURLINGAME CEMETERY		24d. LOCATION (City, town, or county) (State) BURLINGAME KANSAS	
DATE REC'D BY LOCAL REG. 8-24-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE DW Newman Kansas City Mo			

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

SEP 11 1952

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 *Charles W. Benjamin*.....

Licensed Embalmer No. *4932*.....

P. O. Address *Jackson City, 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.