

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5074

FILED MAR 15 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 723

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 OR TOWN Kansas City (Outside corporate limits, write RURAL and give township)  
c. LENGTH OF STAY (in this place) 15 days

c. CITY OR TOWN Kansas City  
Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Medical Center

1. STREET ADDRESS (If rural, give location) 620 So. Elmwood 3148

3. NAME OF DECEASED  
a. (First) Frank b. (Middle) \_\_\_\_\_ c. (Last) Spencer

4. DATE OF DEATH (Month) (Day) (Year) 2-14-54

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10-11-1892

9. AGE (in years last birthday) 61  
If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
If UNDER 1 Wks.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and State or Foreign Country) mina ark.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME David Spencer

13b. MOTHER'S MAIDEN NAME Ellen

14. NAME OF HUSBAND OR WIFE Ethel Spencer

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. 487-26-6960

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Spencer 620 S. Elmwood

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hemorrhage, Rt. cerebral -  
ANTECEDENT CAUSES (b) Generalized arteriosclerosis DUE TO (b)  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Hypertrophy of heart. DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Pneumonia, severe, bilateral.

INTERVAL BETWEEN ONSET AND DEATH  
9 yrs ago  
15 yrs  
Four days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4343

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8 1954, to Feb 14, 1954, that I last saw the deceased alive on Feb 13, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE John G. Lapp (Degree or title) M.D.

23b. ADDRESS 1314 Professional Bldg.

23c. DATE SIGNED Feb 15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-16-54

24c. NAME OF CEMETERY OR CREMATORY mt. Washington

24d. LOCATION (City, town, or county) (State) K-C-mo.

DATE REC'D BY LOCAL REG. 2-15-54

REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. P. Sheil K-C-mo.

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

2  
9335

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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..... *J.P. Sheil*.....  
Licensed Embalmer No. *362*

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.