

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16186**  
**2071**

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived.) Institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kendras City</u>		c. CITY OR TOWN <u>Raytown</u> 7000	
c. LENGTH OF STAY (in this place) <u>5 da</u>		d. STREET ADDRESS (if rural, give location) <u>5911 Blue Ridge Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Joseph Mack Spencer</u>	a. (First) <u>Joseph</u>	b. (Middle) <u>Mack</u>	c. (Last) <u>Spencer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 8, 1903</u>	9. AGE (in years last birthday) <u>50</u>	UNDER 1 YEAR <u>9 2/3</u> MONTHS DAYS	OVER 1 YEAR <u>5</u> YEARS MONTHS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contract Carner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Star</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John P. Spencer</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Belle Van Vactor</u>	14. NAME OF HUSBAND OR WIFE <u>Edna White Spencer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-38-3108</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna White Spencer</u>	ADDRESS <u>Raytown Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary bronchogenic carcinoma of left lung with spread to the right lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>162+</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7, 1953, to 5/5, 1954, that I last saw the deceased alive on 5/5, 1954, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Flaherty</u> (Degree or title)	23b. ADDRESS <u>Raytown Mo</u>	23c. DATE SIGNED <u>5/6/54</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brooking Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-8-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Clark Hegert</u>	ADDRESS <u>Raytown Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1954

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

Signature *A. Clark Hepner*

Licensed Embalmer No. *3983*

P. O. Address *Raytown, 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.