

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37616

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4891

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Holt Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Simpson Nursing Home</u>			d. STREET ADDRESS (If rural, give location) <u>6000</u>			
3. NAME OF DECEASED (Type or Print) <u>John Calvin Spencer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec. 11. 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Holt Mo. Clay Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William J. Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Duke</u>		14. NAME OF HUSBAND OR WIFE <u>Malissie</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dlyn L. Moore</u>			ADDRESS <u>5812 Thompson St</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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			ANTecedent CAUSES DUE TO (b) <u>Thrombophlebitis - eye</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>464 h</u>
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>1951</u> , to <u>10/19, 1954</u> , that I last saw the deceased alive on <u>10/11, 1954</u> , and that death occurred at <u>4:50 pm.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Galen V. Pilger</u>			23b. ADDRESS <u>P.O. 6518 Ind. Creek, Mo.</u>		23c. DATE SIGNED <u>10/19/54</u>	
24a. BURIAL - CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Oct. 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>3 mi East Kearney, Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-21-54</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Jay Kearney</u>		ADDRESS <u>Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

ch 4062

5.9 p (1/1)

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Keeney M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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