

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1459

State File No. _____

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 27

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 wks</u>	c. CITY OR TOWN <u>Independence</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>515 E. Lexington</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>I.</u> c. (Last) <u>Spuhel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 21, 1900</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Urbana, Ills.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. T. Michael</u>		13b. MOTHER'S MAIDEN NAME <u>Jeanette A. Tidrick</u>	
13c. NAME OF HUSBAND OR WIFE <u>Fritz Spuhel</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Fritz Spuhel</u>		ADDRESS <u>Independence, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Epilepsy, hypertension for ca of circulation</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>12/25/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>adhesions</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>5-6 days</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) m.	
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>Dec 8, 1955</u> to <u>Jan 4, 1956</u> , that I last saw the deceased alive on <u>1-3, 1956</u> , and that death occurred at <u>2:40 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Delon A. Williams MD</u>		23b. ADDRESS <u>806 1/2 W 130th</u>	
23c. DATE SIGNED <u>1/4/56</u>		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/7/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-4-56 New Minshall</u>		REGISTRAR'S SIGNATURE <u>H. B. Carson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

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

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.....
John Gibson

Licensed Embalmer No. 487

P. O. Address *Indep. 71*

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.