

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19695

State File No. _____

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 664

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 8 years		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (if rural, give location) 3105 Duncan St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CLEO	b. (Middle) B.	c. (Last) SPALDING	June 14, 1956		

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 28, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. R. Bump	13b. MOTHER'S MAIDEN NAME Bessie Severy	14. NAME OF HUSBAND OR WIFE James L.
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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. none	17. INFORMANT'S SIGNATURE OR NAME James L. Spalding	ADDRESS 3105 Duncan St. St. Joseph, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 170X 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma to abdomen & Bones & cachexia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting to the underlying cause last. DUE TO (b) 2 dates possibly secondary to Adenocarcinoma to Left Breast 1951 DUE TO (c) Complete intestinal obstruction of sigmoid colon		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 6-8-56	19b. MAJOR FINDINGS OF OPERATION 1951 - Adenocarcinoma to Left Breast 1956 Metastatic carcinoma to abdomen & obstruction	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-29, 1956**, to **6-14, 1956** that I last saw the deceased alive on **5-14, 1956**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm B. Heston	23b. ADDRESS 316 No 10th St Joseph, Mo	23c. DATE SIGNED 6-15-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/16/1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 19, 1956	REGISTRAR'S SIGNATURE Cather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Wm B. Heston - Buchanan - St Joseph, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1956

JUN 26 1956

MAR 25 1957

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 *James B. Hankins*

Licensed Embalmer No. 45

P. O. Address 319 So 10 St

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.