

FILED MAY 29 1957

STANDARD CERTIFICATE OF DEATH

State File No. **16492**  
**2241**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b> ✓	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY, NORTH</b>		c. CITY OR TOWN <b>KANSAS CITY, NORTH</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 Year</b>		e. STREET ADDRESS (If rural, give location) <b>107 3426 East 43st, North</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3426 East 43st, North</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>OSCAR</b> c. (Last) <b>SPENCER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 14, 1957</b>	
5. SEX <b>MALE</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT, 1 1890</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>HOLTON, KANSAS.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			

13a. FATHER'S NAME <b>WILLIAM H. SPENCER</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>NETTIE SPENCER (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W. I</b>		16. SOCIAL SECURITY NO. <b>510/07/9318</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS IRMA SMIDDY 3426E, 43st, NO K.C. MO</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unknown</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Possible Acute Coronary Occlusion</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>4:20</b>	
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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) (Min.)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>O.S. Pate M.D. Coroner</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>North Kansas City, Mo.</b>		23c. DATE SIGNED <b>5/14/57</b>	
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24a. REMOVAL (Specify)		24b. DATE <b>5-14-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BETHEL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>BETHEL, KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>5-14-57 new</b>		REGISTRAR'S SIGNATURE <b>Minahall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. A. FULTON FUNERAL HOME - KANSAS CITY, KS.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD O. S. Pate

Clay



**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... *Glenn Hill* .....

Licensed Embalmer No. 4586

P. O. Address K.C. 16,

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.