

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32337

STATE FILE NUMBER

FILED SEP 19 1957

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 75

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> COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits give TOWNSHIP only) <u>Rural Washington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Grandview</u> <u>12406 Cherry</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>12406 Cherry</u>			Length of stay in 1b <u>5 months</u>			d. STREET ADDRESS (If outside, give location) <u>12406 Cherry</u>	
3. NAME OF DECEASED (Type or print) <u>Mr Wesley W. Spencer</u>				4. DATE OF DEATH Month <u>9</u> Day <u>5</u> Year <u>1957</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8-9-1875</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>		IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Restaurant Owner</u>				100. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>		11. BIRTHPLACE (City and state or country) <u>Columbus Ohio</u>	
13. FATHER'S NAME <u>unknown</u>				14. MOTHER'S MAIDEN NAME <u>unknown</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 Address <u>Mrs Opal Ramsey 12406 Cherry</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Transition</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Pulmonary Carcinoma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Dec 21, 1955</u> to <u>Sept 5, 1957</u> and last saw her/him alive on <u>8-8-57</u> Death occurred at <u>2:30 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>T. K. Shellman, M.D.</u>				22b. ADDRESS <u>4635 W. 40th, K.C., Mo.</u>		22c. DATE SIGNED <u>9-6-57</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>9-7-1957</u>		<u>Forest Hill</u>		<u>Kansas City, MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>France-Warnall Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>9-7-57</u>		26. REGISTRAR'S SIGNATURE <u>Sterling E. Goddard</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 16 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 Russell N. Fra

Licensed Embalmer No. 47

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.