

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001626

STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 63

300  
-57 4

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 815 E Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION EBERTING NURSING HOME		Length of stay in lb 16 Mos.	d. STREET ADDRESS (If outside, give location) 616 North 10th St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPHINE MARIE SPENCER			4. DATE OF DEATH Month Day Year Jan. 30, 1959		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Moberly, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME dont know	13b. MOTHER'S MAIDEN NAME Mary Ann White	14. NAME OF HUSBAND OR WIFE Gordon Spencer
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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. no	17. INFORMANT Mrs Thomas Saint 616 N. 10th K.C.K	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Pulmonary congestion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>myocardial infarction</i>	<i>90 hrs</i>
	DUE TO (c) <i>Hypertensive arteriosclerotic heart disease</i>	<i>2 yrs +</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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
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21. I attended the deceased from <i>Oct 1957</i> to <i>1/30/59</i> and last saw <sup>her</sup> <del>him</del> alive on <i>Jan 30, 1959</i> Death occurred at <i>11:30p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>E. H. Korsch MD</i>	22b. ADDRESS 10901 Winner Rd. Indep. Mo	22c. DATE SIGNED 1/31/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>re</i>	23b. DATE 2/3/59	23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	23d. LOCATION (City, town, or county) (State) K.C., Ks
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24. FUNERAL DIRECTOR JOS. A. BUTLER'S SONS K.C.K	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-3-59	26. REGISTRAR'S SIGNATURE <i>James S. Craig</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 W Dennis*

Licensed Embalmer No. *3462*.....

P. O. Address ..... *K C K*.....

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.