

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 29 1959

59-031420

Registration District No. 27 Primary Registration District No. 5087 Registrar's No. 119

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Howard Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Sheridan Township</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>1/4 mile north of Hume</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Hume</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Chester</u> Last <u>Spencer</u>			4. DATE OF DEATH Month <u>September</u> Day <u>12</u> Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/28/93</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Linn County Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>usa</u>	
13a. FATHER'S NAME <u>Dudley J Spencer</u>		13b. MOTHER'S MAIDEN NAME <u>Mancy Bell Hand</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Known , or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Ethel E Spencer</u> Address <u>Pittsburg Kansas</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>skull fracture</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>his body being pinned under car</u> DUE TO (c) <u>car accident</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>car accident</u>	
20c. TIME OF INJURY <u>11</u> <u>9/12/59</u> Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sup. road</u>	20f. CITY, TOWN, OR LOCATION <u>Hume Bates Mo</u> COUNTY <u> </u> STATE <u> </u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 11 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Clovis Swick Acting Coroner</u> (Degree or title)	22b. ADDRESS <u>104 E. 7th St. Butler Mo</u>	22c. DATE SIGNED <u>9-14-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9- -59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Littell</u>
23d. LOCATION (City, town, or county) <u>Pleasanton Linn Kansas</u>		(State)

24. FUNERAL DIRECTOR <u>Earl A. Jorner</u> ADDRESS <u>Townsend Funeral Home Pleasanton Kansas</u>	25. DATE RECD. BY LOCAL REG. <u>Sept 15-1959</u>	26. REGISTRAR'S SIGNATURE <u>Rendall Kersy</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INDEXED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl A. Fosmeden

Licensed Embalmer No. 3587

P. O. Address Pleasanton K.

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