

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27060

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3585

| | | | |
|---|--|---|--|
| 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> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>60 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3042 FLORA AVENUE</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u> | | | |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>MARVIN</u> b. (Middle) <u>B</u> c. (Last) <u>SPINDLE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-18-1949</u> | | |
|---|--|--|--|--|--|

| | | | | | | | | | | | | | |
|--------------------|--|-------------------------------|--|---|--|-------------------------------------|--|---|--|--------------------------------|--|--------------------------------|--|
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>MAY-23-1886</u> | | 9. AGE (In years last birthday) <u>63</u> | | 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) <u>CLEANING</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING</u> | | | 11. BIRTHPLACE (State or foreign country) <u>GRAIN VALLEY MO</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
|---|--|--|---|--|--|--|--|--|--|--|--|

| | | | | | | | | |
|--|--|--|--|--|--|---|--|--|
| 13a. FATHER'S NAME <u>JOHN SPINDLE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | | 14. NAME OF HUSBAND OR WIFE <u>ANNA SPINDLE</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'S SIGNATURE OR NAME ADDRESS <u>ANNA SPINDLE 3042 FLORA AVE, KANSAS CITY, MO</u> | | | |
|---|--|-------------------------------------|--|---|--|--|--|

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|----------------------------------|--|
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> | | | | | | <u>5 years</u> | |
| | | DUE TO (c) <u>5810</u> | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

| | | | | | | | | | |
|------------------------|--|----------------------------------|--|--|--|--|--|---|--|
| 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) | | 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 8-17, 1949 to 8-18, 1949 that I last saw the deceased alive on 8-18, 1949, and that death occurred at 2:10 P. M., from the causes and on the date stated above.

| | | | | | | | | |
|--|--|--|--------------------------------------|--|--|---------------------------------|--|--|
| 23a. SIGNATURE <u>Jos. W. Parker Jr.</u> (Degree or title) | | | 23b. ADDRESS <u>2603 E 31st KCMO</u> | | | 23c. DATE SIGNED <u>8-18-49</u> | | |
|--|--|--|--------------------------------------|--|--|---------------------------------|--|--|

| | | | | | | | |
|---|--|--------------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>AUG. 20, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILLS</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u> | |
|---|--|--------------------------------|--|--|--|--|--|

| | | | | | | | |
|---|--|--|--|--|---|--|--|
| DATE REC'D BY LOCAL REG. <u>8-17-49</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer 1331 BRUSH CREEK DR. KANSAS CITY, MO.</u> | | |
|---|--|--|--|--|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Received 2/12
26033 E-31st
3/1/12

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
Student Embalmer

Signed *John E. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, Mo*

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 this body is not embalmed, fact should be so stated above.