

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20481**
Registrar's No. **2758**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 23 YEARS		d. STREET ADDRESS (If rural, give location) 4733 VIRGINIA AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4733 VIRGINIA AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) LYDIA b. (Middle) ARNOLD c. (Last) SPENCER			4. DATE OF DEATH (Month) (Day) (Year) JUNE-19-1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 'V'	
8. DATE OF BIRTH DEC-9-1854		9. AGE (In years last birthday) 75 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) WHITE COUNTY INDIANA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM ARNOLD			
13b. MOTHER'S MAIDEN NAME MARGARET DOBBINS		14. NAME OF HUSBAND OR WIFE JOHN W. SPENCER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME DR. ROYAL I. SPENCER	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1180			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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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 3-20-1950 , to 6-19-1950 , that I last saw the deceased alive on 6-18-1950 , and that death occurred at 3:00 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE W. A. Glantz (Degree or title) M.D.		23b. ADDRESS 215 Plaza Medical Bldg.		23c. DATE SIGNED 6/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-21-1950		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer Sons ADDRESS 1331- ORUSH CREEK KANSAS CITY, MO.			

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DATE REC'D BY LOCAL REG. 6-21-50		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer Sons ADDRESS 1331- ORUSH CREEK KANSAS CITY, MO.	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Doyle L. Daniel

Signed.....

Student Embalmer

Licensed Embalmer No. *4703*

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.