

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1950

State File No. **2368A**
Registrar's No. **3105**

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 Kansas b. COUNTY Salina	
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 Salina	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 315 Sunset Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Frank	b. (Middle) W.	c. (Last) Spaeth	4. DATE OF DEATH (Month) (Day) (Year) July 13 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1903	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) Lawrence, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John J. Spaeth	13b. MOTHER'S MAIDEN NAME Anna E. Schroeder	14. NAME OF HUSBAND OR WIFE Hazelle Spaeth
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazelle Spaeth	ADDRESS Salina, Kans.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atherosclerosis of coronary arteries (?) DUE TO (c) Hypertensive Vascular disease 1 yr		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Local obstruction Rt. renal artery (?)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION due to atherosclerosis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 11, 1950** to **July 13, 1950**, that I last saw the deceased alive on **July 12, 1950** and that death occurred at **2:45 Am.** from the causes and on the date stated above.

23a. SIGNATURE M.G. Berry (Degree or title)	23b. ADDRESS 315 Nichols Rd. Kansas City, Mo.	23c. DATE SIGNED July 13, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE July 14, 1950	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Salina, Kansas
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DATE REC'D BY LOCAL REG. 7-17-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Kansas City, Ks.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 21 1954

APR 5 1955

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.

Signed *Joseph A. Keltner*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3303.....

P. O. Address.....

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.