

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30669

State File No.

BIRTH NO. 59771-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3910

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 township) <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1229 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp. K.C. Mo.</u>			

3. NAME OF DECEASED a. (First) <u>Daniel James</u> b. (Middle) <u>Springer</u> c. (Last) <u>Springer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 12 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>8-18-50</u>		9. AGE (In years last birthday) <u>24</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>St. Vincent Hosp., K.C. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James D. Springer</u>		13b. MOTHER'S MAIDEN NAME <u>Winifred Hayford</u>		14. NAME OF HUSBAND OR WIFE <u>-</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 <u>James D. Springer</u>	
				ADDRESS <u>1229 Jefferson</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, asthenia, etc. - It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung abscess</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>52 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>etiology unknown</u>		
	DUE TO (c) <u>-</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 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>9-12-50 3:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from 9-12, 1950, to 9-12, 1950, that I last saw the deceased alive on 9-12, 1950, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Gilkey</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1624 Prof Bldg.</u>	23c. DATE SIGNED <u>9/12/50</u>
---------------------------------------	--------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-13-50</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros</u>	ADDRESS <u>K.C. Mo.</u>
--	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leonard C Panantier

Licensed Embalmer No. 4554

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.