V.S. No. 300
Rev. 10.48

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8150 8 33728
State File No.

BIRTH NO. 65882-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4273

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Johnson County
d. STREET ADDRESS (If rural, give location) Sim Flower Kansas

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Robbie c. (Last) Catherine Spellman

4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby
8. DATE OF BIRTH 10-7-50
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Glenn Spellman
13b. MOTHER'S MAIDEN NAME Mary Catherine Corson
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformed Heart

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Anoxia due to a
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dextro Cardia

INTERVAL BETWEEN ONSET AND DEATH: 1 hr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-7, 1950 *to* 10-7, 1950, *that I last saw the deceased alive on* 10-7, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold L. Gainey (Degree or title) Harold L Gainey MD
23b. ADDRESS 315 Alameda Rd
23c. DATE SIGNED 10/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/7/50
24c. NAME OF CEMETERY OR CREMATORY Maple Hill
24d. LOCATION (City, town, or county) K.C. (State) Kans.

DATE REC'D BY LOCAL REG. 10-9-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home ADDRESS KCK

(Licensed Embalmer's Statement on Reverse Side)

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 Jimmy L Huckabom

Signed.....
Student Embalmer

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

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.