

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41846

State File No. ....

FILED JAN 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5660

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>30 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Research Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>SHAWNEE</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Topeka</u> d. STREET ADDRESS (If rural, give location) <u>807 W 10 Street</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Hazel</u> b. (Middle) <u>LORRAINE</u> c. (Last) <u>Spencer</u> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec 28 1951</u>	
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Dec 13-1912</u>
<b>9. AGE</b> (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 Wk. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Topeka/KANSAS</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>AT Home</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>W A Plaisted</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR</b> <u>CLARENCE S Spencer</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MR CLARENCE S Spencer</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Subacute Glomerular Nephritis</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>8 days</u>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Pre-existing Chronic Glomerular Nephritis</u>	
		DUE TO (c) <u>Postoperative</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>Massive Pituitary neoplasm</u>	
<b>19a. DATE OF OPERATION</b> <u>12/19/51</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Massive Pituitary neoplasm (diagnosed)</u>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____	<b>(COUNTY)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____	
<b>22. I hereby certify that</b> <u>Pathologist</u> _____, 19____, to <u>12/28</u> , 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:50 pm.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>W. P. Mc Phee</u> (Degree or title)		<b>23b. ADDRESS</b> <u>Research Hosp 2319 Holmes</u>	<b>23c. DATE SIGNED</b> <u>12/28/51</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>24b. DATE</b> <u>12-28-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Topeka Kansas</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>12-29-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Dunnewcomer Son</u>	
		<b>ADDRESS</b> <u>1331 Grand Ave Topeka</u>	

**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 Charles H. Stickney

Signed.....

Student Embalmer

Licensed Embalmer No. 4560

P. O. Address McC. 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.