

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31887

State File No.

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4649

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>at 4 1/2 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wakeside Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>80 5600 Garfield 3808</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elzie</u> b. (Middle) <u>Robert</u> c. (Last) <u>McSpadden</u>		DATE OF DEATH (Month) (Day) (Year) <u>9-26-53</u>	
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec. 25 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if lost)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>76</u>
<u>Retired Postal Clerk</u>		<u>Freeman mo.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Sam McSpadden</u>	13b. MOTHER'S MAIDEN NAME <u>Isabell Ashbaugh</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine McSpadden</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 AND ADDRESS <u>Frank W. McSpadden 5600 Garfield</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of heart</u> DUE TO (c) <u>Hypertrophy of prostate</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy of prostate</u>		5 yrs.	

19a. DATE OF OPERATION <u>9/26/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy of prostate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 20, 1953, to Sept 26, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 1:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Thompson DO</u>	23b. ADDRESS <u>705 Bryant Bldg</u>	23c. DATE SIGNED <u>9/26/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>28 Sept 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Jackson Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter H. Smith 1101 N. 1st St. K.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-27-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter H. Smith 1101 N. 1st St. K.C. Mo</u>

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

W 2462

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.....
Signature of Student Embalmer

Signed *Lloyd C McCall*.....

Licensed Embalmer No. 4853

P. O. Address *N E 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.