

STANDARD CERTIFICATE OF DEATH

36193

State File No.

No. 300

10-48

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 786

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lees Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lees Summit</u>	
c. LENGTH OF STAY (in this place) <u>5yr</u>		7001 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 East - 1st.</u>		d. STREET ADDRESS (If rural, give location) <u>2 East - 1st.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Herbert</u> c. (Last) <u>Spencer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>5-23-1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lees Summit Mo</u>	
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>J. R. Spencer</u>	13b. MOTHER'S MAIDEN NAME <u>Lottie Hilligoss</u>	14. NAME OF HUSBAND OR WIFE _____
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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>441-01-6694A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Sarah Spencer</u>	ADDRESS <u>Lees Summit Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u>		DUE TO (b) <u>Coronary Sclerosis</u>		<u>2 Wks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Pneumonia with lung Abscess</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>18 months</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 9-5-, 1953, to 10-6-, 1953, that I last saw the deceased alive on 10-6-, 1953, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. R. Jenkins 2 D.O.</u>	23b. ADDRESS <u>320 So Douglas Lees Summit Mo</u>	23c. DATE SIGNED <u>10-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lees Summit Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/11/53</u>	REGISTRAR'S SIGNATURE <u>M. D. Langford</u>	FUNERAL DIRECTOR'S SIGNATURE <u>M. D. Langford</u>	ADDRESS <u>Lees Summit Mo</u>
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(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 *H. R. Longford*
Licensed Embalmer No. *3833*
P. O. Address *Leis Summit*

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.