

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23159**  
**2988**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	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 <b>General Hospital No. 1</b>		f. STREET ADDRESS (If rural, give location) <b>512 Woodland</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jeff</b>	b. (Middle) <b>Davis</b>	c. (Last) <b>Spegal</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6 28 1954</b>
---	--------------------------	-------------------------	---

5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>UNKNOWN</b>	8. DATE OF BIRTH <b>6-15-1863</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
-----------------	-------------------------------	---	-----------------------------------	---	------------------------	----------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Ky. 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
--	---	---	---

13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE _____
-----------------------------------	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Judge George Offutt-Platte City</b>	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) <b>Neurogenic shock</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture of left hip</b>		<b>29 1/2</b> <b>4 D</b> <b>21</b>
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Dehydration</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Above address</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City, Jackson, Mo. 3</b>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 22 1954 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall (in m.o.)</b>
--	---	---

22. I hereby certify that I attended the deceased from June 26, 1954, to June 28, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>W.D.</b>	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>6-28-54</b>
--	---------------------------------------	---------------------------------

24a. BURIAL-CREMATORY, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>6-28-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Platte City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Platte City, Mo.</b>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>6-30-54</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kelliers + Mitchell</b>	ADDRESS <b>Platte City, Mo.</b>
---	---	---	---------------------------------

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

*Dr. Bacon*

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 *Not Embalmed* Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Roland M. Giffey*

Licensed Embalmer No. *472*

P. O. Address *Platte Co*

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.

