

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34158**
 BIRTH NO. **70262-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4581**
1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Kansas City

c. LENGTH OF STAY (In this place)

*11 Mo. 43 Days***2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City
 d. Residence within limits of a city or incorporated town?
 Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION

Lutheran Hospital

e. STREET ADDRESS (If rural, give location)

*47-2801 Flara**3428 RD***3. NAME OF DECEASED**
(Type or Print)

a. (First)

David

b. (Middle)

Allen

c. (Last)

*Spencer***4. DATE OF DEATH**

(Month)

(Day)

(Year)

*Sept. 28, 1954***5. SEX***Male***6. COLOR OR RACE***White***7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)***Never Married***8. DATE OF BIRTH***Sept. 27, 1954***9. AGE** (In years last birthday)

IF UNDER 1 YEAR

MONTHS

DAYS

IF UNDER 24 HRS.

HOURS

MIN.

*11 43***10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)*None***10b. KIND OF BUSINESS OR INDUSTRY****11. BIRTHPLACE**

(City and State or Foreign Country)

*Kansas City, Missouri***12. CITIZEN OF WHAT COUNTRY?***U. S. A.***13a. FATHER'S NAME***August Albert Spencer***13b. MOTHER'S MAIDEN NAME***Cynthia Berkaw***14. NAME OF HUSBAND OR WIFE***None***15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)*No***16. SOCIAL SECURITY NO.***-***17. INFORMANT'S SIGNATURE OR NAME***August Spencer K.C. Mo.***ADDRESS****18. CAUSE OF DEATH**

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)**MEDICAL CERTIFICATION***Partial Anencephalus***INTERVAL BETWEEN ONSET AND DEATH**

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

*750h***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)

21e. INJURY OCCURREDWHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**
 22. I hereby certify that I attended the deceased from *Sept. 27, 1954*, to *Sept. 28, 1954*, that I last saw the deceased alive on *Sept. 28, 1954*, and that death occurred at *1:08 P. M.*, from the causes and on the date stated above.
23a. SIGNATURE *S. Riley King* (Degree or title)**23b. ADDRESS***Overland Park, Kans.***23c. DATE SIGNED***9-29-54***24a. BURIAL, CREMATION, REMOVAL (Specify)***Burial***24b. DATE***9/29/54***24c. NAME OF CEMETERY OR CREMATORY***Calvary***24d. LOCATION** (City, town, or county)*Kansas City Mo***(State)****DATE REC'D BY LOCAL REG.***9-30-54***REGISTRAR'S SIGNATURE***Neva Minshall***25. GENERAL DIRECTOR'S SIGNATURE***Melody McElly & Cyler KC, Mo***ADDRESS**

(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.....
Signature of Student Embalmer

Signed *James E. Jackson*.....

Licensed Embalmer No. *45*.....

P. O. Address *K. E. M. O.*.....

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.