

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41361

State File No. _____

BIRTH NO. 96021-54 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		f. STREET ADDRESS (If rural, give location) 5418 Anderson <u>3068</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium			

3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Ann c. (Last) Spiva			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1954					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH Dec. 8, 1954	9. AGE (In years last birthday) 0	if UNDER 1 YEAR Days 0	if UNDER 11 HRS. Hours 1	Min. 4	Sec. 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Virgil F. Spiva			13b. MOTHER'S MAIDEN NAME Betty Stevens		14. NAME OF HUSBAND OR WIFE none			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Virgil F. Spiva		ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 da
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atelectasis Bilateral			
DUE TO (b) _____		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 7625
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 Dec 8, 1954, to Dec 9, 1954, that I last saw the deceased alive on Dec 9, 1954, and that death occurred at 10:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James T. Van Biber, M.D.	23b. ADDRESS 317 W. Kansas Indep. Mo.	23c. DATE SIGNED 12-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/11/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 12-11-54	REGISTRAR'S SIGNATURE [Signature] 354	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Tom D. Marbland*.....

Licensed Embalmer No. *459*.....

P. O. Address *Indep.*.....

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.