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0.48
320

FILED AUG 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27244

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 6-6

1. PLACE OF DEATH
a. COUNTY *Platte*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE *Missouri* b. COUNTY *Platte*

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

c. LENGTH OF STAY (in this place) *4 months*

c. CITY OR TOWN *Parkville*

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

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION *316 Highland Dr., Breen Hills* STREET ADDRESS (If rural, give location) *316 Highland Dr., Breen Hills*

3. NAME OF DECEASED
a. (First) *Mrs. Martha* b. (Middle) *N.* c. (Last) *Sprecher*

4. DATE OF DEATH (Month) (Day) (Year) *8-9-55*

5. SEX *Female*

6. COLOR OR RACE *White*

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH *2-16-1902*

9. AGE (In years last birthday) *53* IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*

10b. KIND OF BUSINESS OR INDUSTRY *Housewife*

11. BIRTHPLACE (City and State or Foreign Country) *New York*

12. CITIZEN OF WHAT COUNTRY? *US*

13a. FATHER'S NAME *Rev. Arthur F. Newell*

13b. MOTHER'S MAIDEN NAME *Alice Bross*

14. NAME OF HUSBAND OR WIFE *Husband, Dwight Sprecher*

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. *no*

17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Husband, Mr. Dwight Sprecher, Home*

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Carcinoma, toxic from*
ANTECEDENT CAUSES DUE TO (b) *at Breast.*
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) *Bone metastases 6+ yrs*
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. *170X*

INTERVAL BETWEEN ONSET AND DEATH
14 yrs

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug*, 19*54*, to *8/9*, 1955, that I last saw the deceased alive on *8/7*, 1955, and that death occurred at *50* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Lee H. Leyer M.D.*

23b. ADDRESS *731 Linn Ave KSC/Kans*

23c. DATE SIGNED *8/10/55*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24b. DATE *8-12-55*

24c. NAME OF CEMETERY OR CREMATORY *Highland Park Cemetery*

24d. LOCATION (City, town, or county) (State) *Kansas City, Kans.*

DATE REC'D BY LOCAL REG. *Aug 11-6-55*

REGISTRAR'S SIGNATURE *Opelia Rollins* 257-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Ralph A. Fulton, Kansas City, Kans.*

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

