

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20730

State File No. _____

2581

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>12 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	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 <u>6642 MAIN STREET</u>		e. STREET ADDRESS (If rural, give location) <u>6642 MAIN STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>PARKE</u> c. (Last) <u>SPENCER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE - 11 - 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY-11-1894</u>		9. AGE (In years last birthday) <u>61</u> If under 1 year: Months _____ Days _____ If under 2 hrs: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIVISION MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LOYD A. FAYE ROOFING COMPANY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CHARLES WESLEY SPENCER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA F. INGE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MAE V. SPENCER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLDWARI</u>		16. SOCIAL SECURITY NO. <u>197-10-6835</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MAE V. SPENCER</u> ADDRESS <u>6642 MAIN STREET KANSAS CITY MO.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>Aug 11, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma, Rt Lung, Inoperable</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>July</u> , 19 <u>55</u> , to <u>June 11</u> , 19 <u>56</u> that I last saw the deceased alive on <u>June 11</u> , 19 <u>56</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.					

23a. SIGNATURE <u>George A. Higgins, Jr. M.D.</u>		23b. ADDRESS <u>6634 Main St.</u>		23c. DATE SIGNED <u>June 11, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>TERRE HAUTE INDIANA</u>		24e. DATE REC'D BY LOCAL REG. <u>6-12-56</u> REGISTRAR'S SIGNATURE <u>neva minshall</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer's Sons</u>		ADDRESS <u>1331 BUSH CREEK KANSAS CITY MO.</u>			

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

JUN 6 1956

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 *Albert L. Savage*
.....

Licensed Embalmer No. *H. 81*.....

P. O. Address *Kansas*.....

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.