

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41543**REGISTRAR'S No. **5286**BIRTH NO. **87453-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) <b>Kansas City</b>		c. CITY OR TOWN <b>Raytown</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>19 hrs.</b>		STREET ADDRESS (If rural, give location) <b>6820 Hardy</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Conley Maternity Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GLEN</b> b. (Middle) <b>SPENCER</b> c. (Last) <b>JAMES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 22 - 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>11 - 21 - 56</b>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>
			112. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Spencer James</b>	13b. MOTHER'S MAIDEN NAME <b>Sandra Lee Weddle</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sandra Lee James</b>	ADDRESS <b>6620 Hardy</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; Respiratory Exhaustion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity 27 to 28 weeks</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 <b>7735</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **11 - 21, 1956**, to **11 - 22, 1956**, that I last saw the deceased alive on **11 - 22, 1956**, and that death occurred at **7:01 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lee E. Davidson</b>	(Degree or title) <b>DO</b>	23b. ADDRESS <b>3504 Trost Ave</b>	23c. DATE SIGNED <b>11-27-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Destroyed at Conley Maternity Hospital Laboratory</b>	24b. DATE <b>11-22-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kansas City, Mo.</b>	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. <b>12-6-56</b>	REGISTRAR'S SIGNATURE <b>Nevar Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Conley Maternity Hosp. K.C. Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD  
Lee E. Davidsonp. 300  
p. 48

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.