

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1447

STATE FILE NUMBER

FILED FEB 13 1958

270

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 270

300
-57

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, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in lb 22 2/3 yrs		d. STREET ADDRESS 2723 Holmes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ival Middle W. Last Spoeneman			4. DATE OF DEATH Month 1 Day 14 Year 1958				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-28-1912	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HRS. Hours 14 Min. 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook		10b. KIND OF BUSINESS OR INDUSTRY K. C. Club		11. BIRTHPLACE (City and state or country) Topeka Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Joseph Spoeneman			13b. MOTHER'S MAIDEN NAME Eleanor Bigelow			14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-10-0357		17. INFORMANT Frances Spoeneman		Address: Kansas City, Kans. 3900 Springfield	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute antero-septal myocardial infarct						INTERVAL BETWEEN ONSET AND DEATH 4201	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan. 2, 1958 to Jan. 14, 1958 and last saw him alive on Jan. 14, 1958 Death occurred at 8 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Ival W. Spoeneman, M.D.</i> (Degree or title) D				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 1-14-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical		23b. DATE 1-18-58	23c. NAME OF CEMETERY OR CREMATORY Western Dental Coll		23d. LOCATION (City, town, or country) (State) K.C. Mo		
24. FUNERAL DIRECTOR <i>D.E. Wilcox</i> ADDRESS K.C. 8 Mo			25. DATE RECD. BY LOCAL REG. 1-17-58		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. I. Burns



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 *B. E. Willert*

..... Licensed Embalmer No. *4075*

P. O. Address *K. C. 8 Me*

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.