

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010207  
STATE FILE NUMBER  
1484

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
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 Belton 0198
c. FULL NAME OF (IF NOT in hospital, give location) Children's Mercy Hosp 9 min		Length of stay in lb	d. STREET ADDRESS (If outside give location) 516 2 <sup>nd</sup> Str.
3. NAME OF DECEASED (Type or print) First Middle Last Scott Ernest Spaulding		4. DATE OF DEATH Month Day Year 3-20-58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-30-57
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months Days Hours Min. 1 30	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and state or country) Louisiana U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Wesley E. Spaulding	
14. MOTHER'S MAIDEN NAME Verda Mehoyan		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Wesley E. Spaulding, Belton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive bilateral Adrenal hemorrhage and toxemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Cause unknown</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 19 hours 274
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Belton		20f. COUNTY STATE Cass Missouri	
21. I attended the deceased from <u>3-20-58</u> to <u>3-20-58</u> and last saw <sup>her</sup> him alive on <u>3-20-58</u> Death occurred at <u>2:09 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wayne Hart M.D.		22b. ADDRESS Children's Mercy Hosp.	
22c. DATE SIGNED 3/20/58		22d. SIGNATURE Geva Minshall	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/20/58	
23c. NAME OF CEMETERY OR CREMATORY Perry Cemetery		23d. LOCATION (City, town, or county) (State) Perry Oklahoma	
24. FUNERAL DIRECTOR E. R. Jager & Sons, Missouri		25. DATE READ BY LOCAL REG. 3/20/58	
26. REGISTRAR'S SIGNATURE Geva Minshall		27. ADDRESS Belton, Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Wayne Hart

Health, Welfare, Public Service  
300  
-57  
Doctor, coroner, etc.: must use only standard nomenclature in year 1958. No symptoms or diseases in Part I must be causally related.

2  
A

### 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 *John R. Edman*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.