

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014475 ✓

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. _____

149

Primary Registration District No. _____

1002

Registrar's No. _____

1701

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE #150		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY KANSAS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN K.C. KANSAS		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS		Length of stay in lb 1 WK.	d. STREET ADDRESS (If outside, give location) 3622 SPRINGFIELD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES EDWARD SPELLMAN			4. DATE OF DEATH Month Day Year MARCH 31, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 16/1886	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRISCO RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY TELEGRAPHER		11. BIRTHPLACE (City and state or country) SALINE CO. KANSAS	
12. CITIZEN OF WHAT COUNTRY? M. S.		13a. FATHER'S NAME SYLVESTER SPELLMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE CLARA Spellman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give kind of service) No None		16. SOCIAL SECURITY NO. -	
17. INFORMANT Glen Spellman		Address K.C. KS. 3622 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) Cerebral metastasis DUE TO (b) Carcinoma of Lung DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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"/>					INTERVAL BETWEEN ONSET AND DEATH 1 week 1 yr 10/1 X
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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 July 6-57 to Mar. 31-58 and last saw him alive on 3-31-58 Death occurred at 5:00 am 3-31-58 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Daniel F. Hogan MD			22b. ADDRESS 8012 W 39th K.C. Mo		22c. DATE SIGNED 4-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE APRIL 1-1958	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem		23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS
24. FUNERAL DIRECTOR Gates Funeral Home		ADDRESS K.C. Kan-		25. DATE RECD. BY LOCAL REG. 4-1-58	26. REGISTRAR'S SIGNATURE Reva Minshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Daniel F. Hogan

All diseases in Part I must be causally related. Doctor, coroner, etc., must state any statements in Part II. No symptoms will be listed.

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 *Paul R. Williamson*

Licensed Embalmer No. *5009*

P. O. Address *Overland Park*

Ks.

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.