

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017962

FILED MAY 29 1959

STATE FILE NUMBER 2205

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2205

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>OSTEOPATHIC Hosp</u>		Length of stay in 1b <u>29 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1217 Bennington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>UNICE S. SPOTTS</u>			4. DATE OF DEATH Month Day Year <u>5 1 59</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11/14/1890</u>	9. AGE (In years of birthday) <u>68</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Huntsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Elbert B. Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Patience Kilbuck</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Spotts</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, if unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Elbert Spotts 2670 Olive - Denver Colo.</u>	

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>Bronchiopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u> <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Empyema</u> DUE TO (c) <u>—</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Intestinal adhesion</u>			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 a.m. p.m. Month, Day, Year			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 <u>1954 5-1</u> to <u>1959</u> and last saw her alive on <u>5-1-59</u> Death occurred <u>5-1-59</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>5811 Truman Rd</u>		22c. DATE SIGNED <u>5-1-59</u>

23a. BURIAL, CREMATION <u>Reburied</u>		23b. DATE <u>5/3/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clifton Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clifton Hill, Mo</u>
24. FUNERAL DIRECTOR <u>Sheil Funeral Home KC Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-3-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minchall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. La. Hue

MEDICAL CERTIFICATION

2

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 *Harold P. Reich*

Licensed Embalmer No. *4998*

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.