

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-001906**

FILED VS. FEB. 4, 1960 149

Primary Registration District No. 1002 Registrar's No. 465

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>JACKSON</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		a. STATE <b>KANSAS</b>		b. COUNTY <b>WYANDOTTE</b>		
Length of stay in lb <b>18 days</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. STREET ADDRESS <b>2310 NORTH 40TH</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH				
First <b>KENNETH</b>		Middle <b>VINCENT</b>		Last <b>SPITZENGEL</b>		Month Day Year <b>January 25, 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-28-25</b>	9. AGE (last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Fireman</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Kansas City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Louis Spitzengel</b>			13b. MOTHER'S MAIDEN NAME <b>Gertrude Fagenmyer</b>			14. NAME OF HUSBAND OR WIFE <b>Katherine Spitzengel</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>			16. SOCIAL SECURITY NO. <b>509 16 0206</b>		17. INFORMANT <b>Mrs. Katherine Spitzengel, 2310 N.40th</b>			Address <b>Kansas City, Ks</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Liver decompensation</b>								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Laennec's cirrhosis</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) <b>Hemorrhagic cholecystitis</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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. INJURY OCCURRED WHILE AT WORK <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		
<b>VA</b>				<b>January 7, 1960</b>		<b>January 25, 1960</b>		
21. I attended the deceased from <b>January 7, 1960</b> to <b>January 25, 1960</b> and to the best of my knowledge, from the causes stated. Death occurred at <b>9:28</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Albert L. Chasson, M.D.</b>				22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		22c. DATE SIGNED <b>1-25-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-26-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		
24. FUNERAL DIRECTOR <b>DW Newcomer Sons</b>			ADDRESS <b>Kansas City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-26-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Regan F. Fuller

Licensed Embalmer No. 4818  
P. O. Address K.C. Mo

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.