URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60=023411

FILED VS JUL 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3329

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 34 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1740 Paseo — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Garland Middle D. Last Spencer

4. DATE OF DEATH Month 6th Day 19th Year 1960

5. SEX Male
6. COLOR OR RACE Negro
7. ~~XXXXXX~~ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 11-11-08
9. AGE (last birthday) 51 yrs — 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) Cook
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (City and state or country) El Reno, Oklahoma
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Andrew Spencer
13b. MOTHER'S MAIDEN NAME Narcissus Smith
14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 7/17/42 to 10/22/43
16. SOCIAL SECURITY NO. 510035903
17. ~~INFORMANT~~ Henry L. Davis, K.C.,Mo Address VA Hospital Records,K.C.,Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive heart failure
DUE TO (c) Hypertensive cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Extreme obesity

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐ VA
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 June 13, 1960, to June 19 1960 ~~[illegible]~~ her
Death occurred at 9:30a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. J. FRITZLEN, M.D. T J Fritzlen MD
22b. ADDRESS V. A. Hospital,K.C.,Mo
22c. DATE SIGNED 6-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6-24-60
23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Mrs. Meek's Mortuary
25. DATE RECD. BY LOCAL REG. 6-23-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Millard B Pa

Signature of Student Embalmer

Licensed Embalmer No. 5013

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.