

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3612-60-027149
STATE FILE NUMBER

FILED VS JUL 26 1960 149

Registration District No. _____ 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 Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City			Length of stay in lb 26 Days		c. CITY OR TOWN Lees Summit, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Menorah Medical Center				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Lake Lotawana	
13a. FATHER'S NAME Harry Spillman		13b. MOTHER'S MAIDEN NAME Rebecca Engel		14. NAME OF Spillman WIFE Fannie Ann Spillman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-36-5318		17. INFORMANT Mrs. Harold Coe, Lake Lotawana		Address LEE'S SUMMIT, 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) Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Prostate DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Disease 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							INTERVAL BETWEEN ONSET AND DEATH 2 years 5 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1946 to July 8, 1960 and last saw ^{her} him alive on July 8, 1960 Death occurred at 9:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Jack W. Wolf M.D.				22b. ADDRESS 409 E. 63 St. Kansas City, Mo.		22c. DATE SIGNED 7/9/60	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE July 11, 1960		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Carmel Cemetery		22d. LOCATION (City, town, or county) (State) Lees Summit Raytown Missouri	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 7-11-60		26. REGISTRAR'S SIGNATURE Neva Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JACK W. WOLF

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 _____

Signature of Student Embalmer

Signed

Harold L. Schetter

Licensed Embalmer No. 3032

P. O. Address H. Co. 8

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