

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-030809

FILED VS AUG 29 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4156 STATE FILE NUMBER

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Jackson</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Jackson</i>	
Length of stay in 1b <i>40 yrs.</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>3832 Walnut</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Clara</i>		Middle <i>Naomi</i>		Last <i>Spann</i>		Month Day Year <i>Aug. 11-1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-13-1883</i>	9. AGE (last birthday) <i>76</i>	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) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (City and state or country) <i>Appleton City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John M. Pease</i>		13b. MOTHER'S MAIDEN NAME <i>Flora Belle Ketchum</i>		14. NAME OF HUSBAND OR WIFE <i>Wm. Lee Spann</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>500-92-4125</i>		17. INFORMANT <i>Mr. Evert Wampler</i>		Address <i>2200 E. 44th St. K.C. Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>Carcinoma of Stomach</i>							<i>?</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (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)					PART III. If deceased was female was there pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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"/>	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.) <i>X</i>			
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 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 <i>1948</i> to <i>Aug 11 '60</i> and last saw her alive on <i>Aug 11 1960</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Harry Stotland M.D.</i>				22b. ADDRESS <i>751 E. 63 ST K.S. Mo</i>		22c. DATE SIGNED <i>8-12-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Aug. 15-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Highland Park Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>		
24. FUNERAL DIRECTOR <i>C.H. Blackman & Son Inc. K.C. Mo</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>8-12-60</i>	26. REGISTRAR'S SIGNATURE <i>H-L. Dwyer</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Harry Stotland and MEDICAL CERTIFICATION

751-8.63
K. C. 2/2



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.C. Rennie

Licensed Embalmer No. 4879

P. O. Address N.C. 276

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