

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046362

FILED VS DEC 19 1960 149

6166

STATE FILE NUMBER

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

|   |  |   |  |  |  |  |   |  |  |  |  |  |                            |  |                        |  |
|---|--|---|--|--|--|--|---|--|--|--|--|--|----------------------------|--|------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b> |  |  |   |  |  |  |  |  |                            |  |                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |  | Length of stay-in 1b-<br><b>4 weeks</b>   |  | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |  |  |  |  |  |                            |  |                        |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3522 Walnut</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>914 South 11th</b>                   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |  |  |                            |  |                        |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Jinks</b> Middle <b>W.</b> Last <b>Spencer</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>5</b> Year <b>1960</b>  |  |  |   |  |  |  |  |  |                            |  |                        |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>7-18-1874</b>   | 9. AGE (last birthday)<br><b>86</b>  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>   | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>  |  |  |  |  |  |                            |  |                        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Spencer Coal</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>and Ice Company</b>                          |  | 11. BIRTHPLACE (City and state or country)<br><b>Nashville, Tennessee</b>                |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |  |  |  |  |                            |  |                        |  |
| 13a. FATHER'S NAME<br><b>William Spencer</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Kemp</b>                                       |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Widowed</b>  |   |  |  |  |  |  |                            |  |                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>514-09-7847A</b>                                       |  | 17. INFORMANT <b>4826 East 8th Kansas City, Mo.</b><br><b>Mrs. Helen Webb (Daughter)</b> |  |   |  |  |  |  |  |                            |  |                        |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>  |  |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>days</b>                                       |  |  |  |  |  |                            |  |                        |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Uremia</b>  |  |   |  |  |  |  | <b>days</b>   |  |  |  |  |  |                            |  |                        |  |
| DUE TO (c) <b>Renal Insufficiency</b>   |  |   |  |  |  |  | <b>Weeks</b>  |  |  |  |  |  |                            |  |                        |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Chronic emphysema and chronic white P. Portal Cirrhosis</b>                               |  |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |  |  |  |  |                            |  |                        |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>5:30 p.</b> Month, Day, Year <b>11/1/60</b>  |  | 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<br><b>12/4/60</b> |  | COUNTY<br><b>Wyandotte</b> |  | STATE<br><b>Kansas</b> |  |
| 21. I attended the deceased from <b>11/1/60</b> to <b>12/4/60</b> and last saw him alive on <b>12/4/60</b><br>Death occurred at <b>5:30 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |   |  |  |  |  |  |                            |  |                        |  |
| 22a. SIGNATURE (Degree or title)<br><b>William S. Steinberg D.O.</b>  |  |   |  | 22b. ADDRESS<br><b>926 E. 11th St., K.C. 6, Mo.</b>  |  |  |   | 22c. DATE SIGNED<br><b>12/7/60</b>             |  |  |  |  |                            |  |                        |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 23b. DATE<br><b>12-7-60</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Hill Cemetery</b>   |  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Kansas</b>           |  |  |  |  |  |                            |  |                        |  |
| 24. FUNERAL DIRECTOR<br><b>Simmons Funeral Home</b>   |  |   |  | ADDRESS<br><b>Kansas City</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-7-60</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>H-S. Dwyer</b> |  |  |  |  |                            |  |                        |  |

DOCUMENT

BY AFFIDAVIT OF  
Wilton S. Steinberg, M.D.  
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 \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Donald H. Seim*

Licensed Embalmer No. 508

P. O. Address K.C.K.

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.