

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **61-005637**

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 109

FILED VS. MAR 8 1961

1. **USUAL RESIDENCE** (Where deceased lived, if institution: Residence before admission)
 a. COUNTY JACKSON b. STATE Mo. c. COUNTY JACKSON

2. **USUAL RESIDENCE** (Where deceased lived, if institution: Residence before admission)
 a. STATE Mo. b. COUNTY JACKSON

3. **CITY OR TOWN** RAYTOWN Length of stay in 1b 10 yrs.

4. **CITY OR TOWN** RAYTOWN Inside Limits Yes No

5. **FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION** 5631 RAYTOWN RD. Inside Limits Yes No

6. **STREET ADDRESS** (If outside, give location) 5631 RAYTOWN RD. Residence on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First John Middle Wm. Last Spencer

4. **DATE OF DEATH** Month Feb Day 23 Year 1961

5. **SEX** MALE 6. **COLOR OR RACE** White 7. **Married** Never Married Widowed Divorced

8. **DATE OF BIRTH** 3-4-1867 9. **AGE** (last birthday) 93

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) FARMER 10b. **KIND OF BUSINESS OR INDUSTRY** Retired 11. **BIRTHPLACE** (City and state or country) MILAN, Mo. 12. **CITIZEN OF WHAT COUNTRY** U.S.A.

13a. **FATHER'S NAME** Arion Spencer 13b. **MOTHER'S MAIDEN NAME** UNKNOWN 14. **NAME OF HUSBAND OR WIFE** NANCY ANN

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.** None 17. **INFORMANT** Vern Spencer Address 5448 Raytown Rd.

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 face

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH years

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

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**

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** 11/10/55 to Feb. 23, 1961 and last saw him alive on 12/17/60

Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) R.C. [Signature], D.O. 22b. **ADDRESS** 9140 E. 50th Hwy 22c. **DATE SIGNED** 2-24-61

23. **BURIAL, CREMATION, REMOVAL** (Specify) BURIAL 24. **DATE** 2-25-1961 25. **NAME OF CEMETERY OR CREMATORY** Mt. Moriah Cem. 26. **LOCATION** (City, town, or county) (State) KANSAS CITY Mo.

24. **FUNERAL DIRECTOR** Hinton Funeral Home **ADDRESS** Raytown, Mo. 25. **DATE RECD. BY LOCAL REG.** 2-25-61 26. **REGISTRAR'S SIGNATURE** [Signature]

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.