

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014004

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2039 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) Kansas City Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location HOSPITAL INSTITUTION) General Hosp Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2454 Olive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Virginia G Middle Spain Last Spann 4. DATE OF DEATH Month 4 Day 22 Year 61
 5. SEX Female Negro 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-17-1893 9. AGE (last birthday) 68 yrs
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Plebersville, Arkansas USA 12. CITIZEN OF WHAT COUNTRY
 13a. FATHER'S NAME Edwin Gilmore 13b. MOTHER'S MAIDEN NAME Mattie Moore 14. NAME OF HUSBAND OR WIFE Willie Spann

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. 17. INFORMANT James Gilmore Address Conway, Arkansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY
 IMMEDIATE CAUSE (a) Probable Uremia INTERVAL BETWEEN ONSET AND DEATH
 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 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 _____ Month, Day, Year _____ a.m. p.m.

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 4-19-61 to 4-22-61 and last saw her alive on 4-22-61
 Death occurred at 7:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 2400 Cherry St 22c. DATE SIGNED 4/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-25-61 23c. NAME OF CEMETERY OR CREMATORY Highland 23d. LOCATION (City, town, or county) (State) Kans City, Missouri

24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton ADDRESS Highland 25. DATE RECD. BY LOCAL REG. 4-24-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Bruce K. Winters

Licensed Embalmer No. 4500

P. O. Address 18th St. Bldg.

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.