

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014085

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 46 Primary Registration District No. 4237 Registrar's No. 211

FILED APR 26 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Raytown</u>		Length of stay in 1b <u>5 months</u>	c. CITY OR TOWN <u>Raytown</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5320 Hunter</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5320 Hunter</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Spencer W. Adams</u>			4. DATE OF DEATH Month Day Year <u>4 - 19 - 61</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/1 1895</u>
9. AGE (last birthday) <u>65</u>		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, or retired) <u>meat cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dabbs S. & A. Store</u>	11. BIRTHPLACE (City and state or country) <u>Nebraska</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Sam Adams</u>	
13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Bachura</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes W. W. I</u>		16. SOCIAL SECURITY NO. <u>5320 Hunter</u>	
17. INFORMANT <u>Mrs. Don Broyles Raytown, Mo.</u>		Address <u>5320 Hunter</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer - generalized abd.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cancer of sigmoid</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u> <u>4 mo +</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 <u>Dec 27, 1960</u> to <u>Apr. 4, 1961</u> and last saw ^{her} him alive on <u>April 4, 1961</u> Death occurred at <u>Raytown, Mo</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Eugene Parsons, M.D.</u>		22b. ADDRESS <u>315. Nichols Road</u>	22c. DATE SIGNED <u>4-21-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4/21 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>San Set Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Manhattan, Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Shel's Funeral Home K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-21-61</u>	26. REGISTRAR'S SIGNATURE <u>Alba J. Craig, Deputy</u>

APR 26 1961

1961 OCT 16 SA

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 P. Sheel

Licensed Embalmer No. 5070

P. O. Address M. C. Mc

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.