

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19848**
2466

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			
3. NAME OF DECEASED a. (First) Lottie b. (Middle) Level c. (Last) Trow			4. DATE OF DEATH (Month) (Day) (Year) 6-2-49
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1890
9. AGE (In years last birthday) 59-58		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME H. N. Starks		13b. MOTHER'S MAIDEN NAME Helen Mitchell	14. NAME OF HUSBAND OR WIFE Harry C. Trow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Harry C. Trow ADDRESS Belton, Mo. Rt. # 2
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Bone			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Ca of Breast			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 8-31 , 19 48 , to 6-2 , 19 49 that I last saw the deceased alive on 6-2 , 19 49 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Arthur B. Smith (Degree or title)		23b. ADDRESS 830 Argyle Bldg Kansas City Mo	
23c. DATE SIGNED 6-2-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/4/49	
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-6-49		REGISTRAR'S SIGNATURE Deraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS Kansas City, Mo.	

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

~~Dr. Joel Wood~~

Cargyle

Dr. Smith

Shuro

Fri. P.M.

only

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 _____

Student Embalmer

Signed _____

Ruben H. Reed

Licensed Embalmer No. 3745

P. O. Address 45 C mo

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 this body is not embalmed, fact should be so stated above.