

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 573

No. 300
10. 45
FILED JAN 27 1950

BIRTH NO. _____		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 4289		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY CLAY RURAL, GALATIEN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLAY			
b. CITY OR TOWN NORTH KANSAS CITY		c. LENGTH OF STAY (in this place) 16 YEARS		c. CITY OR TOWN NORTH KANSAS CITY		0248	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4120 HICKORY STREET				d. STREET ADDRESS (If rural, give location) 4120 HICKORY STREET			
3. NAME OF DECEASED (Type or Print) a. (First) VIRGINIA		b. (Middle) LEE		c. (Last) KING		4. DATE OF DEATH (Month) (Day) (Year) JAN-2-1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE-29-1920	
9. AGE (in years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) TULSA, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME FRED COWSON		13b. MOTHER'S MAIDEN NAME MARGIE L. NEWTON		14. NAME OF HUSBAND OR WIFE RAY KING			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAY KING 4120 HICKORY STREET NORTH KANSAS CITY, MO.			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 11 yrs 002X	
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) m.		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 Aug 1949, to Jan 2, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 2:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ch. Parsons, M.D.				23b. ADDRESS North Kansas City		23c. DATE SIGNED 1/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/4/50		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
DATE REC'D BY LOCAL REG Jan 3 1950		REGISTRAR'S SIGNATURE 63 Beulah Kitchener		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK BLDG KANSAS CITY, MO			

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

0248

RECEIVED

JAN 7

District Health Officer No. 8,

District File Number _____

Date Filed 1-26-50

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

Wayle L. Daniel

Licensed Embalmer No. 4702

P. O. Address KCMO.

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.

1-26-50