

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26347**

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| BIRTH NO. _____ | | REG. DIST. NO. 72 | PRIMARY REG. DIST. NO. 3013 | Registrar's No. 63 |
| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3198 | | |
| c. LENGTH OF STAY (in this place) 1 Day | | d. STREET ADDRESS (If rural, give location) 5735 KENSINGTON 1 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Yard "C" Burlington R.R. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) PERCIVAL c. (Last) Cease | | 4. DATE OF DEATH (Month) (Day) (Year) AUGUST 24 1950 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MARCH 18, 1892 | 9. AGE (In years last birthday) 58 5 6 6 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN | | 10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. RAILROAD | | 11. BIRTHPLACE (State or foreign country) NORMAN, OKLAHOMA |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13a. FATHER'S NAME FRANK PIERCE CEASE | | 13b. MOTHER'S MAIDEN NAME MARY CATHERINE REESE | | 14. NAME OF HUSBAND OR WIFE IDA BELLE CEASE |
| 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. 70-7-07-6887 | | 17. INFORMANT'S SIGNATURE OR NAME Ada Belle Cease ADDRESS 735 Kensington |
| 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) Coronary Occlusion 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 11201 |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 pm. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE D. C. Campbell (Degree or title) 6 | | 23b. ADDRESS R 10 W.K.C. MO. | | 23c. DATE SIGNED 8-25-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | | 24b. DATE AUG. 28, 1950 | | 24c. NAME OF GEMETERY OR CREMATORY D.W. NEWCOMER'S SONS |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY - MISSOURI | | | | |
| DATE REC'D BY LOCAL REG. Aug 28 - 58 | | REGISTRAR'S SIGNATURE Beulah Kitchener 63 | | 25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. |

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

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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 Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address Paris, La. 70001

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.