

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27232

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 151

0484

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Prairie</u>)	c. LENGTH OF STAY (in this place) <u>20 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> 0484	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County E. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>330 East South ave!</u>	

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>W</u> c. (Last) <u>Fields</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-16-1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	9. AGE (In years last birthday) <u>78</u>
11. BIRTHPLACE (State or foreign country) <u>Lone Jack, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	

13a. FATHER'S NAME <u>William Fields</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Lula R Fields (Deceased)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Jones</u> ADDRESS <u>Independence Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute Retention of urine</u> <u>due to prostatic hypertrophy</u> DUE TO (c)		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>U. 10X</u>		

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 8-8-50, 1950, to 8-21-50, 1950, that I last saw the deceased alive on 8-20-50, 1950, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John C. Hummerstein</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>8-21-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Md Grove Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Carson</u> ADDRESS <u>Independence Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-22-50</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emanuel</u>	

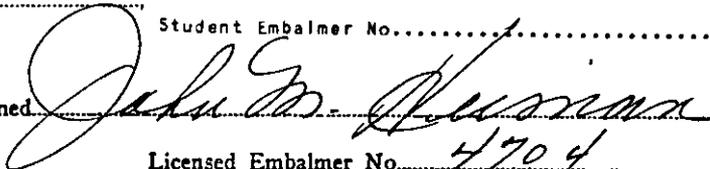
AUG 3 0 RECD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed .....
Student Embalmer No.
Licensed Embalmer No. 4704
P. O. Address Independence

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.