

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

30364

3806

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>Dickinson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERRINGTON</u> <u>8150</u> d. STREET ADDRESS (If rural, give location) <u>720 S. 7th. St.</u> <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>MAE</u> c. (Last) <u>DELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 5 1950</u>		5. SEX <u>FEMALE</u> <u>3</u>		6. COLOR OR RACE <u>NEGRO</u>	
7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>NOVEMBER 13 1919</u>		9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES DELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA JOYCE</u>		14. NAME OF HUSBAND OR WIFE _____			
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>WINIFRED GRAVES</u> ADDRESS <u>Herrington, Kansas</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MENINGIOMA (RECURRENT) benign</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHO PNEUMONIA DEHYDRATION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 3/4</u>	
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 <u>9-1-</u> , 19 <u>50</u> , to <u>9-5-</u> , 19 <u>50</u> , that I last saw the deceased <u>Valve on</u> <u>9-5-</u> , 19 <u>50</u> , and that death occurred at <u>7:45P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Ellis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>600 East 22nd Street.</u>		23c. DATE SIGNED <u>9-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Herrington, Kan.</u>	
DATE REC'D BY LOCAL REG. <u>9-7-50</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Sterling Bills</u> ADDRESS <u>1217 vine K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 1957

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.

Student Embalmer No.....

Signed.....

*E. Sterling Balls*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *3178*

P. O. Address *1212 Neal St. K.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.