

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1421

State File No. ....

FILED JAN 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 1

0480

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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Rural Kansas City</b> | c. LENGTH OF STAY (in this place)<br><b>60 Yrs.</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City Rural</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>87th &amp; Indania Street</b>                      |   | d. STREET ADDRESS<br><b>87th and Indania Street</b>   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Miss Edna</b> b. (Middle) <b>M.</b> c. (Last) <b>DALEY</b> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>-1- 10-1951</b> |  |  |
|--|--|--|--|--|--|

|                         |                                  |   |                                      |  |  |                           |                         |                          |                         |
|-------------------------|----------------------------------|---|--------------------------------------|--|--|---------------------------|-------------------------|--------------------------|-------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b> | 8. DATE OF BIRTH<br><b>2-19-1882</b> |  | 9. AGE (In years last birthday)<br><b>68</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 1 YEAR<br>Days | IF UNDER 1 YEAR<br>Hours | IF UNDER 1 YEAR<br>Min. |
|-------------------------|----------------------------------|---|--------------------------------------|--|--|---------------------------|-------------------------|--------------------------|-------------------------|

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Never Worked</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b> |  | 11. BIRTHPLACE (State or foreign country)<br><b>Dixon Illinois</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |  |
|--|--|---|--|--|--|--|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Williard J. Daley</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Frances Townsend</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |  |
|--|--|--|--|--|--|

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Etta L. Daley</b> |  | ADDRESS<br><b>87th &amp; Indania St.</b> |  |
|---|--|--|--|---|--|--|--|

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asailer</b>   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 days</b> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cardiac Incompetency 8 months</b> |  |  |  |  |  |
|   |  | DUE TO (c)   |  |  |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                      |  |  |  | <b>42:2</b>  |  |

|                        |  |                                  |  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY?<br>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) 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 **Oct 23, 1950**, to **Jan 10, 1951**, that I last saw the deceased alive on **Jan 10, 1951**, and that death occurred at **9:28 p.m.**, from the causes and on the date stated above.

|   |  |  |  |                                       |  |
|---|--|--|--|---------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><b>R. C. Pagan M.D.</b> |  | 23b. ADDRESS<br><b>404 1/2 W 75th St W 152nd</b> |  | 23c. DATE SIGNED<br><b>Jan 11, 51</b> |  |
|---|--|--|--|---------------------------------------|--|

|  |  |                               |  |   |  |   |  |
|--|--|-------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>1-12-1951</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  |
|--|--|-------------------------------|--|---|--|---|--|

|  |  |   |  |  |  |         |  |
|--|--|---|--|--|--|---------|--|
| DATE REC'D BY LOCAL REG.<br><b>Jan 11/51</b> |  | REGISTRAR'S SIGNATURE<br><b>Dr. Annie G. Hadger</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>France-Wornall Funeral Home</b> |  | ADDRESS |  |
|--|--|---|--|--|--|---------|--|

JAN 16 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.

Student Embalmer No. ....

Signed

*Russell N. France*

Signed.....

Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *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.