

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12512**
1608

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|--|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 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 Kansas City | | c. LENGTH OF STAY (In this place) 21 Yrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | | d. STREET ADDRESS (If rural, give location) 821 1/2 Independence | | |

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|--|-------------|------------------------|------------------|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | |
| a. (First) Grace | b. (Middle) | c. (Last) Clark | (Month) 4 | (Day) 11 (Year) 51 |

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|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June 5 1893 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Terre Haute Indiana | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Unknown |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Frank Bergsma | ADDRESS 821 1/2 Independence Ave. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 191 X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Confluent bronchopneumonia | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Pulmonary edema and congestion Cardiac dilatation Kyphoscoliotic heart disease | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from April 9, 1951 to April 11, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at 7:46P m., from the causes and on the date stated above.

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|---|-------------------|--|------------------------------------|
| 23a. SIGNATURE B.I. Burns, M.D. | (Degree or title) | 23b. ADDRESS 24th & Cherry | 23c. DATE SIGNED 4-12-51 |
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|---|-----------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE April 14 1951 | 24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Kansas |
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| DATE REC'D BY LOCAL REG. 4-13-51 | REGISTRAR'S SIGNATURE Deraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Bentley Mortuary | ADDRESS Kansas City Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Guy Buffington.....

Licensed Embalmer No. 3756.....

P. O. Address N. C. 740.....

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.