

FILED MAY 5 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12927

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 43

I. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie 16 hrs

c. LENGTH OF STAY (In this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485

d. STREET ADDRESS (If rural, give location) 120 E. Jones

3. NAME OF DECEASED

a. (First) Clarice b. (Middle) H. c. (Last) Day

4. DATE OF DEATH (Month) (Day) (Year) Apr. 21, 1951

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Mar. 15, 1901 9. AGE (In years last birthday) 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY self employed

11. BIRTHPLACE (State or foreign country) Bayard, Nebr. 12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME James C. Hanson 13b. MOTHER'S MAIDEN NAME Ada Roberts 14. NAME OF HUSBAND OR WIFE Geo. O. Day.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none none

16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George O. Day Independence, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Leading Further Examination*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 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 12:26A m., from the causes and on the date stated above.

23a. SIGNATURE *Geo O. Day, 2nd Deputy Coroner* (Degree or title) 23b. ADDRESS 2050 Swallow St @ Sec 23c. DATE SIGNED 4-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Apr. 23, 1951 24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem. 24d. LOCATION (City, town, or county) (State) Independence, Mo.

DATE REC'D BY LOCAL REG. APRIL 21, 1951 REGISTRAR'S SIGNATURE *Ronald C. Eamilton* 318 FUNERAL DIRECTOR'S SIGNATURE *Geo O. Day* ADDRESS Independence, Mo.

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

485

4 RECD

APR 12 1952

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

Tom D. Markland

Licensed Embalmer No.

4592

P. O. Address

Indep. 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.