

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15961

BIRTH NO.		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>3013</u>		Registrar's No. <u>38</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>		c. LENGTH OF STAY (in this place) <u>33 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>		<u>0241</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2602 Vernon St.</u>				d. STREET ADDRESS (If rural, give location) <u>2602 Vernon St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgie</u> b. (Middle) <u>Harriett</u> c. (Last) <u>Hite</u>			4. DATE OF DEATH <u>May 17, 51</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 1, 1887</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months: <u>4</u> Days: <u>14</u>		IF UNDER 24 HRS. Hours: <u></u> Min: <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <u>Unk. Blackmore</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Richard T. Hite</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>E. B. Hite</u>				ADDRESS <u>4330 Wayne Kansas City, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fluoridation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma coli</u> 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 <u>1 month</u> <u>1 1/2 years</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) (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 <u>14 April, 1951</u> , to <u>14 May, 1951</u> , that I last saw the deceased alive on <u>14 May, 1951</u> , and that death occurred at <u>10-9 m.</u> , from the cause and on the date stated above.									
23a. SIGNATURE <u>R. D. Dwyer, M.D.</u>				(Degree or title)		23b. ADDRESS <u>1902 Swift Ave. North Kan. City, Mo.</u>		23c. DATE SIGNED <u>15 May 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG <u>5/16-51</u>		REGISTRAR'S SIGNATURE <u>Beechek Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>		ADDRESS <u>North Kansas City</u>			

(Licensed Embalmer's Statement on Reverse Side)

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. 393

working under my personal supervision.

Student John V. [Signature]
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4586

P. O. Address [Signature]

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.