

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20303

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2469

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shawnee</u> <span style="float: right;">815</span>        |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>                                |  | d. STREET ADDRESS (If rural, give location) <u>17700 West 53rd St</u> <span style="float: right;">X 5</span>                              |  |

|  |                           |                         |                        |  |
|--|---------------------------|-------------------------|------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>Dolores</u> | b. (Middle) <u>Jean</u> | c. (Last) <u>Orser</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 7 1951</u> |
|--|---------------------------|-------------------------|------------------------|--|

|                         |                                  |   |   |  |  |  |
|-------------------------|----------------------------------|---|---|--|--|--|
| 5. SEX<br><u>female</u> | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH<br><u>Mar 31, 1938</u> | 9. AGE (In years, last birthday) <u>13</u> | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>6</u> | IF UNDER 24 HRS.<br>Hours <u>—</u> Min. <u>—</u> |
|-------------------------|----------------------------------|---|---|--|--|--|

|  |  |   |  |
|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>School child</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>school</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Kansas City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|--|--|---|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><u>Frank O. Orser</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Margaret Marie Jackson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>—</u> |
|---|--|---|

|   |  |  |  |
|---|--|--|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Frank O. Orser, 17711 W 53rd, Shawnee, Mo.</u> | ADDRESS<br><u>17711 W 53rd, Shawnee, Mo.</u> |
|---|--|--|--|

|  |   |                |                                  |
|--|---|----------------|----------------------------------|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |                | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute glomerulonephritis</u>   |                | <u>12 weeks</u>                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) <u>—</u><br><br>DUE TO (c) <u>—</u> |                | <u>5 1/2</u>                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>ascites and hyemothorax - bilateral</u>  |   | <u>3 weeks</u> |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" 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 May 28, 1951, to June 7, 1951, that I last saw the deceased alive on June 7, 1951, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

|  |  |                                |
|--|--|--------------------------------|
| 23a. SIGNATURE <u>William F. Sanders</u> (Degree or title) | 23b. ADDRESS <u>1103 N. and Kansas City, Mo.</u> | 23c. DATE SIGNED <u>6/7/51</u> |
|--|--|--------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>June 10-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bonner Springs Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Bonner Springs Kansas</u> |
|---|-----------------------------|---|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>6-9-51</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Simmons</u> ADDRESS <u>Kan City, Kan</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed H. Simmons.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3903.....

P. O. Address R. C. K......

**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.