

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27120**  
**3560**

FILED SEP 14 1951

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>48 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>900 East 30<sup>th</sup> apt. 102</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>900 East 30<sup>th</sup> apt. 102</u>		d. STREET ADDRESS (If rural, give location) <u>900 East 30<sup>th</sup> apt. 102</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELTON</u> b. (Middle) <u>TRUMAN</u> c. (Last) <u>PARTRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 18 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan. 11-1873</u>
9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RUBBER SCAMP MAN</u>	11. BIRTHPLACE (State or foreign country) <u>MINN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Partridge Truman</u>		13b. MOTHER'S MAIDEN NAME <u>MARISA HOPPER</u>	
14. NAME OF HUSBAND OR WIFE <u>LOTTIE PARTRIDGE</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>486-09-3228</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LOTTIE PARTRIDGE</u> ADDRESS <u>900 E 30<sup>th</sup></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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>with hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>Indefinite</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3318		

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 Sept. 1948 to Aug. 18, 1951, that I last saw the deceased alive on Aug. 17, 1951, and that death occurred at 2:25 a.m., from 19 causes and on the date stated above.

23a. SIGNATURE <u>Anne M. Schindler</u> (Degree or title)	23b. ADDRESS <u>Schindler D.O. - 421 Schubert Bldg</u>	23c. DATE SIGNED <u>8-18-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT MARIAN</u>
24d. LOCATION (City, town, or county) (State) <u>K.C. MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. BLACKMAN</u> ADDRESS <u>SONING - K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	

WRITE PLAINLY—USING UNFADEING 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

*James E. Hackleman*

Licensed Embalmer No. *45,73*

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.