

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27342

FILED AUG 31 1951

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY Jackson 0490 (Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Rural		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Arlington & Blue-Ridge K.C.		d. STREET ADDRESS (If rural, give location) MO. 2046 N. 32nd St. 8	

3. NAME OF DECEASED (Type or Print) Florence Howard			4. DATE OF DEATH (Month) (Day) (Year) Aug. - 23 - 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Fe /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 6 - 20 - 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Mins.
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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 Housewife	11. BIRTHPLACE (State or foreign country) Virginia /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Shane	13b. MOTHER'S MAIDEN NAME Flora Dunlap	14. NAME OF HUSBAND OR WIFE Robert Howard
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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 Clarence Howard K.C. Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Effusions</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 hours</i>
	ANTECEDENT CAUSES <i>Left Ventricular Decompensation</i>		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Coronary Lesions</i> DUE TO (c) <i>Chronic Myocarditis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized Atherosclerosis</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4.201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 8-19, 1951, to 8-23, 1951, that I last saw the deceased alive on 8-22, 1951, and that death occurred at 12:08 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>W. Scherberger</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>5242 St. John</i>	23c. DATE SIGNED <i>8-24-51</i>
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 8-25-1951	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kansas City Kansas
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DATE REC'D BY LOCAL REG. <i>Aug 24 1951</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Eads Bros Funeral Home, K.C., Kansas.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 30 REC'D

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 3505

P. O. Address Keokuk

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.