

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30524

State File No. _____

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 130

0480

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

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 OR TOWN <u>Rural Prairie Twp</u>	c. LENGTH OF STAY (In this place) <u>9m-3M-16D</u>	c. CITY OR TOWN <u>Kansas City</u>	3008
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	

3. NAME OF DECEASED (Type or Print) <u>DOROTHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-1951</u>		
a. (First)	b. (Middle)	c. (Last)	FEDLI		

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>8-20-1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>*****</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home, Rt. #4 Indus. Mo.</u>	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, asthma, 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>Cerebral degeneration</u>	DUE TO (b) <u>Cerebral arteriosclerosis</u>		<u>yes</u>
DUE TO (c) <u>Arteriosclerosis, generalized</u>			<u>yes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Profound malnutrition</u>			<u>2 wks</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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)	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 March 8, 1950, to Oct 2, 1951, that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 4:45 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. ...</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>with ...</u>	23c. DATE SIGNED <u>10/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/2/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/2/51</u>	REGISTRAR'S SIGNATURE <u>Ronald C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Langford</u>	ADDRESS <u>Lee's Summit Mo.</u>
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OCT 1 1 REC'D

STATEMENT BY LICENSED EMBALMER

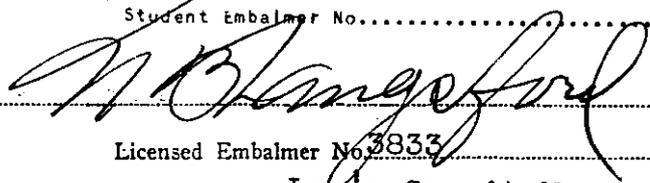
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

NOT EMBALMED

Student Embalmer No.....

Signed.....



Signed.....

Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.