

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33420

State File No.

4300

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson	b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	a. STATE Missouri	b. COUNTY Jackson
c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1312 East 79th		d. STREET ADDRESS (If rural, give location) 1312 E. 79th St.,	

3908

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Clara	b. (Middle) E.	c. (Last) Aylward	10-8-1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH SEPT. 30, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JAMES F. STANLEY	13b. MOTHER'S MAIDEN NAME MARY A. BURRINGHAM	14. NAME OF HUSBAND OR WIFE James P. Aylward, Sr.
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 ADDRESS Jas. P. Aylward, Sr., 1312 E. 79th, KC, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9-26-51
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia- Renal Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Accident- DUE TO (c) Hypertensive Cardiovascular disease		10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes		443 X 10. yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION & Kimmelstiel-Wilson (Inter-capillary Glomerulosclerosis)	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 9-5-51, 19 , to 10-8-51, 19 , that I last saw the deceased alive on 10-8-51, 19 , and that death occurred at 1:40P m., from the causes and on the date stated above.

23a. SIGNATURE E. Robert Nigro MD	(Degree or title)	23b. ADDRESS 925 Argyle Bldg., K.C., Missouri	23c. DATE SIGNED Oct. 8, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-11-51	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
DATE REC'D BY LOCAL REG. 10-9-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.	

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

A. J. Still

Student Embalmer No. *425*

working under my personal supervision.

Student *A. J. Still*

Student Embalmer

Signed

Glen E. Heck

Licensed Embalmer No. *4063*

P. O. Address

Kansas City, 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.