

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37519

4897

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|--|--|---------------------------------------|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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. LENGTH OF STAY (In this place) <u>2 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>833 W. Gregory</u> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Hayes</u> c. (Last) <u>Pool</u> | | | | | | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>11 13 51</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | | | | | | |
| 8. DATE OF BIRTH <u>August 7, 1905</u> | | 9. AGE (In years last birthday) <u>46</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 11. BIRTHPLACE (State or foreign country) <u>Nevada, Missouri</u> | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13. FATHER'S NAME <u>W. S. Pool</u> | | | | | | | |
| 13a. FATHER'S NAME <u>W. S. Pool</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Hayes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Divorced</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No war</u> | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No war</u> | | 16. SOCIAL SECURITY NO. <u>374-05-4754</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Emerson, 833 W. Gregory</u> | | 17. ADDRESS <u>Missouri, Kansas City</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 | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebral edema</u> | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute and chronic alcoholism</u> | | | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | |
| 19a. DATE OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | | | | |
| 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.) _____ | | | | | |
| 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 <u>Nov. 13, 1951</u> , to <u>Nov. 13, 1951</u> , that I last saw the deceased alive on <u>Nov. 13, 1951</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above. | | | | | | | | 23a. SIGNATURE (Degree or title) <u>B. I. Burns</u> | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>11-14-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11/14/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u> | | DATE REC'D BY LOCAL REG. <u>11-15-51</u> | | | | | |
| REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u> | | | | ADDRESS <u>Kansas City, Missouri</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

In. Chis.

MAY 29 1957

MAR 6 1953

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 *John Clark*

Licensed Embalmer No. *4216*

P. O. Address *D. 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.