

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1331  
332  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6420 E 16th St 3210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6420 E 16th St</u>			

3. NAME OF DECEASED (Type or Print) <u>EDITH</u> (First)		b. (Middle) <u>A</u>		c. (Last) <u>Joyce</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 21 52</u>	
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>1/18/97</u>	
9. AGE (In years last birthday) <u>55</u>		If UNDER 1 YEAR Months _____ Days _____		If UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JOSEPH B. FITZPATRICK</u>		13b. MOTHER'S MAIDEN NAME <u>KATHRENE ROBINSON</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-26-5925</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Rott Joyce Overland</u>		ADDRESS <u>PK Kns</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from ruptured esophageal varix</u>		DUE TO (b) <u>Cirrhosis of liver</u>				<u>5 days</u>	
ANTECEDENT CAUSES		DUE TO (c) _____				<u>several years</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS				<u>5810</u>	
Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
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? _____	

22. I hereby certify that I attended the deceased from 1-15, 1952, to 1-21, 1952, that I last saw the deceased alive on 1-20, 1952, and that death occurred at 7:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard W. Gunn</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6230 Truman Rd K.C. 3E, Mo.</u>		23c. DATE SIGNED <u>1-22-1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
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DATE REC'D BY LOCAL REG. <u>1-22-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>SHEL FUNERAL HOME</u>		ADDRESS <u>K.C. MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

By *[Signature]*  
6230 [unclear] N 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.

Student Embalmer No. ....

Signed..... *[Signature]*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3625*.....

P. O. Address *J. C. Mc*.....

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.