

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1530

106

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 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>30 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1111 Valentine Road</u>		d. STREET ADDRESS (If rural, give location) <u>1111 Valentine Road</u>	

3468

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DAVID</u>	b. (Middle) <u>T.</u>	c. (Last) <u>TORRENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 5, 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 30, 1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ch. or Bd.-K.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C. Life Ins. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Francis Torrens</u>	13b. MOTHER'S MAIDEN NAME <u>Mary I. Boyd</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret I. Torrens, dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>486-07-6864x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mo. Mr. Benton S. Duffett, 1111 Valentine Rd. KC</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about 11 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <u>Previous attack</u> DUE TO (c) <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

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)
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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 1945, 1945 to Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Delon A. Williams</u> (Degree or title)	23b. ADDRESS <u>806. Prof. Bldg.</u>	23c. DATE SIGNED <u>Jan 7, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/9/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Topeka Kans.</u>
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DATE REC'D BY LOCAL REG. <u>1-8-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE, Kansas City, Missouri</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Delan Williams
Prof B.S. Eng. - Un 4838

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 *Seamus Cannon*

Licensed Embalmer No. *46373*

P. O. Address *Kenner City, La.*

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.