

FILED MAR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
97

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>97</u>				
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) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3</u>				<u>(Rural, Blue)</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 556 Crescent</u>				d. STREET ADDRESS (If rural, give location) <u>556 Crescent</u>				<u>0480</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>			b. (Middle) <u>A</u>		c. (Last) <u>Valentine Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 2, 1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 26, 1885</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>66</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired pumper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Circleville, Ohio.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>George W. Valentine</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Stropp</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Bessie L. Valentine</u>				
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>186 03 0909</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie L. Valentine, Kansas City, Mo.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>						INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES DUE TO (b) <u>Prostatic hyperplasia</u>								
		DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610x</u>						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)		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>Feb 2, 1952</u> , to <u>March 2, 1952</u> , that I last saw the deceased alive on <u>2/29/52</u> , 19 <u>52</u> , and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1001 Central ave K.C. Kansas</u>		23c. DATE SIGNED <u>3/4/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City 3, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Mar. 4-1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo.</u>		

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep 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.