

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8323

State File No.

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1106

008

1.

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

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY IN THIS PLACE <u>4 MO</u>		d. STREET ADDRESS (If rural, give location) <u>4326 Pennsylvania St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4326 Pennsylvania St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE J</u> b. (Middle) <u>-</u> c. (Last) <u>DANFORTH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-52</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3/6/1900</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Nelson, Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>William Danforth</u>			13b. MOTHER'S MAIDEN NAME <u>Hager</u>			14. NAME OF HUSBAND OR WIFE <u>Viola Danforth</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NUMBER <u>509-28-1070</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Danforth</u>		ADDRESS <u>4326 Penn. St</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subacute pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>490*</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)	
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?	

22. I hereby certify that I attended the deceased from 3-2, 1952, to 3-7, 1952, that I last saw the deceased alive on 3-7, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Arthur Hibler</u> (Degree or title)		23b. ADDRESS <u>2434 Olive</u>		23c. DATE SIGNED <u>3-7-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/8/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pittsburg, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg Kansas</u>	
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DATE REC'D BY LOCAL REG. <u>3-8-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. H. B. Moore</u>		ADDRESS <u>1820 E. 18th St</u>	
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DO NOT WRITE IN THESE SPACES

NAME OF DECEASED
 SEX
 AGE
 DATE OF DEATH
 PLACE OF DEATH
 COUNTY
 CITY
 STATE
 ZIP CODE
 NAME OF EMBALMER
 ADDRESS
 CITY
 STATE
 ZIP CODE
 SIGNATURE OF EMBALMER
 ADDRESS
 CITY
 STATE
 ZIP CODE
 DATE OF DEATH
 PLACE OF DEATH
 COUNTY
 CITY
 STATE
 ZIP CODE

DEC 8 1961

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.

Signed _____ Student Embalmer

Student Embalmer No. _____

Signed *[Signature]*

Licensed Embalmer No. *4439*

P. O. Address *2300 E 18th St*

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.