

# STANDARD CERTIFICATE OF DEATH

State File No. **12860**  
**1877**

**MAY 3-1952**

BIRTH NO. **52312** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1877**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1601 1/2 Lopping</b>	
3. NAME OF DECEASED a. (First) <b>KAREN</b> b. (Middle) <b>SUE</b> c. (Last) <b>DERBY</b>		4. DATE OF DEATH (Month) <b>April</b> (Day) <b>23</b> (Year) <b>1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Aug 25, 1951</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>7</b> IF UNDER 1 YEAR Months <b>28</b> IF UNDER 12 HRS. Min.
11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David L. Derby</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Ellen Hines</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>David L. Derby, 1601 1/2 Lopping, K.C. Mo.</b> ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Subdural Hemorrhage rupture of cerebral veins</b> DUE TO (c) <b>fragility of veins</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Lymphadenitis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>no history of trauma</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>19</b> , to <b>19</b> , that I last saw the deceased <b>alive on</b> , <b>19</b> , and that death occurred at <b>7 A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>D. A. Hoskins</b> (Degree or title) <b>Pathologist</b>		23b. ADDRESS <b>2105 Independence Ave. K.C. Mo.</b>	
23c. DATE SIGNED <b>4-23-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>APRIL 25, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Newcomer</b> ADDRESS <b>1001 S. 1st St. Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-24-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Albert L. Savage

Signed.....  
Student Embalmer

Licensed Embalmer No. 4872

P. O. Address Hanson City, 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.