

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16450

State File No. ....

FILED JUN 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2502

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 town) <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>57 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2504 E 22nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2504 E 22 St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Smith</u> b. (Middle) _____ c. (Last) <u>Fields</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 29 52</u>		
5. SEX <u>MA</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 16 1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Booneville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Smith Fields</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Redd</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Fields</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W W I</u>	16. SOCIAL SECURITY NO. <u>491607-7792</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Fields</u>	ADDRESS <u>2504 E 22nd</u>
--	---	--	-------------------------------

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>Hypostatic pneumonia (48 hours)</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>1102x</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Branchialgenic Neoplasym</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Moderate Cardio renal syndrome</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	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 April 14, 1952, to May 28, 1952, that I last saw the deceased alive on May 28 1952 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. S. Coffey</u>	23b. ADDRESS <u>1224 E. 12th Kansas City, Mo.</u>	23c. DATE SIGNED
---------------------------------------	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	24d. LOCATION (City, town, or county) (State) <u>9th E.</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-3-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maxine Williams</u>	ADDRESS <u>1729 Julia</u>
---	--	--	------------------------------

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 *J. J. Malone Jr.*  
.....  
Licensed Embalmer No. *3694*

P. O. Address *2505 Highland*  
.....

**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.