

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

20494

State File No. 2658  
Registrar's No. 2658

DECEASED STATE NO. 111 5 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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>MISSOURI</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>42 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>2201 E. 68TH. TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HAZELWOOD NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>LEONA</u>		a. (First) <u>MAY</u>		b. (Middle) <u>HILL</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 11 - 52</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>May 1, 1878</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>J.H. HEATON</u>		13b. MOTHER'S MAIDEN NAME <u>GORDON</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM H. HILL</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. WALLACE MC GEHEE - 7200 BROOKLYN</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>5 or 6 days</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>essential hypertension</u>					
		DUE TO (c) <u>Ge. Art. Sclerosis - heart disease.</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>4200</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					

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) (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 May, 1946, 19  , to June 4, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at            m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Myers</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1025 Rialto Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>6-12-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL</u>	
				24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	

DATE REC'D BY LOCAL REG. <u>6-12-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; MC CLURE, KANSAS CITY, MO.</u>	
---	--	---	--	--	--

Dr. Nelson  
Nialto Bed's  
10th

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 Gerald A. Benson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4763

P. O. Address K C 7ms

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.