

FILED JUL 5 1952

STANDARD CERTIFICATE OF DEATH

State File No. 20565
REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2619

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Geo. H. Nettleton Home		d. STREET ADDRESS (If rural, give location) 5125 Swope Parkway	

3. NAME OF DECEASED a. (First) Lydia b. (Middle) G. c. (Last) Llewelyn			4. DATE OF DEATH (Month) (Day) (Year) June 7 52			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb 28 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.O. Attd. of Trade		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME John Llewelyn		13b. MOTHER'S MAIDEN NAME Catherine Gronow		14. NAME OF HUSBAND OR WIFE Mrs S S Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs S S Baker ADDRESS 5125 Swope Parkway	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis, left		INTERVAL BETWEEN ONSET AND DEATH 3 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral chronic Pyelonephritis - Anemia			44 let

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **21 May, 1951**, to **7 June, 1952**, that I last saw the deceased alive on **5 June, 1952**, and that death occurred at **7:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Stan B. Willoughby	23b. ADDRESS Prof Bldg KC Mo	23c. DATE SIGNED 12 June 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-11-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Emporia Kans
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DATE REC'D BY LOCAL REG. 6-10-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Stine, McClure ADDRESS K. C. MO.
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W. W. Dougherty
Poppy B. Bedy
DA 5-25-3-

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 Seegane L. Kerner

Signed
Student Embalmer

Licensed Embalmer No. 4633

P. O. Address Kansas 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.