

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23947**

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **2289** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN LIBERTY RT 1		c. CITY OR TOWN KANSAS CITY 3728	
c. LENGTH OF STAY (in this place) 4 MO.		d. STREET ADDRESS (If rural, give location) 750 W. 47th ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MI N OF GASHLAND			

3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY	b. (Middle) KNAPP	c. (Last) LEEDS	4. DATE OF DEATH (Month) (Day) (Year) JULY 21 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT 9, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) DUNN & BRADSTREET	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.H. KNAPP	13b. MOTHER'S MAIDEN NAME EUPHRODIA Sutherland	14. NAME OF HUSBAND OR WIFE JAMES LEEDS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 567-28-9383	17. INFORMANT'S SIGNATURE OR NAME W.S. KNAPP	ADDRESS RT 1 LIBERTY, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBROVASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 5 MIN 1 MO.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASTROCYTOMA		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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 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)
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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?
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22. I hereby certify that I attended the deceased from **JULY 1, 1952**, to **JULY 21, 1952**, that I last saw the deceased alive on **JULY 21, 1952**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter S. Washburn M.D. (Degree or title)	23b. ADDRESS Gashland, Mo.	23c. DATE SIGNED 7/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 7-22-52	24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
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DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE Beulah Kitchin	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons	ADDRESS KANSAS CITY
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Albert L. Savage

Licensed Embalmer No. 4872

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.