

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24335**
3190

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 59 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3788		d. STREET ADDRESS (If rural, give location) 5308 EAST 49TH STREET
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL					
3. NAME OF DECEASED (Type or Print) a. (First) ORA b. (Middle) Y. c. (Last) ADAIR			4. DATE OF DEATH (Month) (Day) (Year) JULY-12-1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG-25-1890		9. AGE (in years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-MAINTENANCE MAN	10b. KIND OF BUSINESS OR INDUSTRY JACKSON COUNTY COURT HOUSE		11. BIRTHPLACE (City and State or Foreign Country) MONTICELLO, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN ADAIR		13b. MOTHER'S MAIDEN NAME MARTHA GATES		14. NAME OF HUSBAND OR WIFE Mrs. LOUISE L. ADAIR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLDWART		16. SOCIAL SECURITY NO. 495-08-1501	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. LOUISE L. ADAIR 5308 E. 49TH ST. KANSAS CITY, MO.		
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.			<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right & Left Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) long hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 hrs 4 days undermin 334 X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Nat. W., 1951 , to July 12, 1952 , that I last saw the deceased alive on July 12, 1952 and that death occurred at 1:18 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Charles A. Lakay (Name and title)			23b. ADDRESS 2710 Tracy KCMO		23c. DATE SIGNED 7/14/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY-15-1952	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-15-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.A. Newcomer 1331 BRUSH CREEK KANSAS CITY, MO.	

11 2 11

2-5-
my

EX-103
1974

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.