

AUG 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 24439

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3238			
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) LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3210 Olive Street				d. STREET ADDRESS (If rural, give location) 1640 Bellview Street 3298					
3. NAME OF DECEASED (Type or Print) Linnie Belle Fassett			a. (First) Belle b. (Middle) Fassett c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 15, 1952			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12/23/1880			
9. AGE (in years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) KANSAS		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME JESSE SINGLETON			13b. MOTHER'S MAIDEN NAME IDA MADISON			14. NAME OF HUSBAND OR WIFE JOS. W. FASSETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		(If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. ROY McMULLEN ADDRESS K.C. 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) 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 3 mo 6 mo 331X	
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) 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 3-5, 1952, to 7-7, 1952, that I last saw the deceased alive on 7-7, 1952, and that death occurred at 2:40 P. m., from the causes and on the date stated above.									
23a. SIGNATURE J. Q. Nigro M.D. M.D.				23b. ADDRESS 925 Argyle		23c. DATE SIGNED 7-17-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7/18/1952		24c. NAME OF CEMETERY OR CREMATORY maple HILL CEMETERY		24d. LOCATION (City, town, or County) (State) KANSAS CITY, KANSAS			
DATE REC'D BY LOCAL REG. 7-17-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GAVES FUNERAL HOME, KANSAS CITY, KANSAS					

(Licensed Embalmer's Statement on Reverse Side)

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

about
Dr. Negro
Argyle Bldg.
2 to 5/30 shu

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 Mary L. Gates

Licensed Embalmer No. 245

P. O. Address Adams City, Kan

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.