

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28235

State File No. 3617

FILED AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>4 Month</b>		d. STREET ADDRESS (If rural, give location) <b>2631 E. 11th. St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2631 E. 11th. St.</b>		d. STREET ADDRESS (If rural, give location) <b>2631 E. 11th. St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James W.</b> b. (Middle) <b>Pool</b> c. (Last) <b>Pool</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 12, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 1, 1863</b>	9. AGE (In years last birthday) <b>89</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	
12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>					

13a. FATHER'S NAME <b>Germira Pool</b>	13b. MOTHER'S MAIDEN NAME <b>Elmira Hilderbrand</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>V. W. Graybill</b>	ADDRESS <b>2631 E. 11th. St.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis generalized</b> 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) (Min.)	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 **4-28**, 19**52**, to **8-12**, 19**52**, that I last saw the deceased alive on **4-28**, 19**52**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Haight</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3401 E 12th K.C. Mo</b>	23c. DATE SIGNED <b>8-13-52</b>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>	24b. DATE <b>8/15/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-13-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harp &amp; Sons</b>	ADDRESS <b>4139 Truman Rd. K. C. Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3401 K. 72  
UN. HOLENT

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 William H. Egan

Licensed Embalmer No. 4728

P. O. Address K. C. 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.