S. No. 300
EV. 10.48

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

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28305
Registrar's No. 3392

BIRTH NO. 21892 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Infant Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 3378
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3210 E. 23rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Rose
c. (Last): Spear

4. DATE OF DEATH (Month): 7 (Day): 26 (Year): 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3/22/52
9. AGE (In years last birthday): If under 1 year: Months 4, Days 4; If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): K.C. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: UN KNOWN
13b. MOTHER'S MAIDEN NAME: Margaret Spear
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Sister Mathilde, Guardian, St. Anthony's Infant Home, Kansas City

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus Congenital — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

52X
75

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-22, 1952 *to* 7-26, 1952, *that I last saw the deceased alive on* 7-26, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE William C. Mixson (Degree or title) MD
23b. ADDRESS 2635 Wyandotte
23c. DATE SIGNED 7-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-29-52
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): K.C. Mo.

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Mellody-McGillem Mar

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1958

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3999

P. O. Address 1CC 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.