

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31588**
3887

FILED SEP 20 1952

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 YEARS		d. STREET ADDRESS (If rural, give location) 1742 Crystal	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1			

3. NAME OF DECEASED (Type or Print) Dorothy	a. (First) MARIA S.	b. (Middle) Edwin	c. (Last)	4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 52
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 11-1878	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Days	IF UNDER 2 MINS. Hours	IF UNDER 2 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NETAWAKA KANSAS	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME JAMES SMITH	13b. MOTHER'S MAIDEN NAME ELLA	14. NAME OF HUSBAND OR WIFE GEORGE EDWIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. HAZEL CRIM	ADDRESS EVEREST KANSAS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock following reduction for		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) Fracture of left hip		
	DUE TO (c) Diabetes mellitus Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-27-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell on floor.
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22. I hereby certify that I attended the deceased from 8/29, 1952, to Aug. 31, 1952, that I last saw the deceased alive on Aug. 31, 1952, and that death occurred at 4:15a m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.	23b. ADDRESS 24th & Cherry Sts.	23c. DATE SIGNED 8/31/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE SEPT. 3-1952	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 9-3-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer Sons	ADDRESS 1331 BUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Board of Examiners

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.

Edward M. Stoney

Signed _____

Licensed Embalmer No. 4452

P. O. Address 4 Men

Student
Student Embalmer

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.