

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31625

State File No.

4229

BIRTH NO. 50716 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. (If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>3003 Woodland 34¹⁸</u> | |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location of hospital or institution) <u>Flourence Cullerton Stone</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 2-1952</u> | |
| 3. NAME OF DECEASED (First) (Middle) (Last) <u>Dwaine</u> <u>Gariott</u> | | 5. SEX <u>MO</u> | |
| 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED (NEVER MARRIED) (WIDOWED) (DIVORCED) (SEPARATED) <u>WIDOWED</u> | |
| 8. DATE OF BIRTH <u>June 29, 1952</u> | | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>3</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Kansas city MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>-</u> | | 13b. MOTHER'S MAIDEN NAME <u>Barbara June Gariott</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>none</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Flourence Cullerton Stone</u> | |
| 18. NO. 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage</u> 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. <u>Prematurity</u> | |
| 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) (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 <u>June 29</u> , 19 <u>52</u> to <u>7-2</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>52</u> and that death occurred at _____ m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Robert H. Lamar</u> (Degree or title) | | 23b. ADDRESS <u>M.D. Professional Bldg</u> | |
| 23c. DATE SIGNED <u>12 Sept 1952</u> | | 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | |
| 24b. DATE <u>9-10-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fields Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u> | |
| DATE REC'D BY LOCAL REG. <u>9-27-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | |
| 25. FUNERAL DIRECTOR'S ADDRESS <u>1500 E. 15th St. MO</u> | | 26. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE | |

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

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wm A. Lomax

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *IC 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.