

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1952

BIRTH NO. REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4005

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo 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) 5 yrs		d. STREET ADDRESS (If rural, give location) 6424 E 14th	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Children Hosp			

3218

3. NAME OF DECEASED (Type or Print) a. (First) LINDA b. (Middle) KAY c. (Last) McAVAN			4. DATE OF DEATH (Month) (Day) (Year) 9/8/52		
5. SEX Fem	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/17.47	9. AGE (In years last birthday) 5	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Carl Wm. McAvan		13b. MOTHER'S MAIDEN NAME Wilma Brummett Pryor		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Brummett, 6424 E 14th	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

2040

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 7/27/47, 19\_\_\_, to 9/8/52, 19\_\_\_, that I last saw the deceased alive on 9/8/52, 19\_\_\_, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE Edwin Henry Schorer (Degree or title) MD.		23b. ADDRESS 300 W 47th Kansas City, Mo		23c. DATE SIGNED 9/9/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/11/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo	
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DATE REC'D BY LOCAL REG. 9-10-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheik, K. C. Mo.	
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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.....

..... Student Embalmer No. ....

..... working under my personal supervision.

Student .....

Student Embalmer

Signed

*John P Steel*

Licensed Embalmer No. 3625

P. O. Address KC 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.