

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35263**
Registrar's No. **4626**

NOV 8 1952 BIRTH NOV 8 1952 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Jackson	a. STATE Missouri		b. COUNTY Jack son
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 69 yrs	c. CITY OR TOWN 137 E. 31st	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1		d. STREET ADDRESS Kansas City	

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle)	c. (Last) Victor	4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 52
---	---------------------------	-------------	----------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar 5 - 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 4 Days 17	IF UNDER 24 HRS. Hours 17 Min.
------------------------------	---	--	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book	10b. KIND OF BUSINESS OR INDUSTRY Book Supply & Broad Leaf	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Claude Victor	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
---	--	------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?	16. SOCIAL SECURITY NO. 495-05-3185	17. INFORMANT'S SIGNATURE OR NAME Mrs Florence Woodard	ADDRESS 1913 Myrtle K.C. Mo
---	--	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 790
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause undetermined (n-m-e)		
	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.			

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) (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 Oct. 17, 1952, to October 17, 1952, that I last saw the deceased alive on Oct. 17, 1952, and that death occurred at 7:42p m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry Sts.	23c. DATE SIGNED 10/18/52
---	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE Oct 22 - 1952	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) K. C. Mo
--	--	--	---

DATE REC'D BY LOCAL REG. 10-22-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wilton L. Kephley	ADDRESS Indep. Mo
--	--	---	------------------------------------

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

A2 3250
Phila

28342

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.....

Clifton L. Kopley

Signed.....

Student Embalmer

Licensed Embalmer No.

4225

P. O. Address.....

Indep. no

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.