

STANDARD CERTIFICATE OF DEATH

State File No. **43026**

No. 300
10-48
34

FILED DEC 30 1952

REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **398**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | |
| c. LENGTH OF STAY (in this place) <u>2 months</u> | | d. STREET ADDRESS (If rural, give location) <u>209 S. Quincey</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 S. Quincey</u> | | | |

| | | | | |
|--|-------------|-----------|---|------|
| 3. NAME OF DECEASED (Type or Print) <u>NYON LOUISIANA HARTEY</u> | | | 4. DATE OF DEATH (Month) <u>12</u> (Day) <u>15</u> (Year) <u>52</u> | |
| a. (First) | b. (Middle) | c. (Last) | Date | Year |

| | | | | | | | | | |
|------------------------|----------------------------------|--|--|--|--|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Apr. 24/1868</u> | | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|------------------------|----------------------------------|--|--|--|--|---------------------------|-------------------------|---------------------------|--------------------------|

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home helper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carthage, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
|---|--|--|--|--|--|---|--|

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>John Hubbard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Erak Brooks</u> | | 14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u> | |
|---|--|---|--|---|--|

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Kenyon Hubbard</u> | | | | ADDRESS <u>45-49 1/2 W. 1st St. Kansas City</u> | |
|---|--|--|--|--|--|--|--|

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| 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 | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse</u> | | | | <u>15 min</u> | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> | | | | <u>15 min</u> | |
| | | 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 | | <u>4201</u> | | 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 1946, to Dec. 15, 1952, that I last saw the deceased alive on Dec. 15, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>H. E. Willen, D.D.</u> | | 23b. ADDRESS <u>Sedalia, Missouri</u> | | 23c. DATE SIGNED <u>12/16/52</u> | |
|---|--|--|--|---|--|

| | | | | | |
|--|----------------------------------|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12-18-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>S. Troost 2nd Ward, Kansas City, Mo.</u> | | |
|--|----------------------------------|--|--|--|--|

| | | | | | | | |
|---|---|--|--|--|--|-----------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>12/20/52</u> | REGISTRAR'S SIGNATURE <u>W. Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Westbrook</u> | | | | ADDRESS <u>Kansas City</u> | |
|---|---|--|--|--|--|-----------------------------------|--|

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 _____

Licensed Embalmer No. 3987

P. O. Address Houstonia 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.