

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1358

State File No. ....

396

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place township) <u>24 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>25108</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3315 1/2 E. 31 STREET</u>				d. STREET ADDRESS (If rural, give location) <u>3315 1/2 E. 31 STREET</u>					
3. NAME OF DECEASED (Type or Print) <u>HOMER</u>			a. (First) _____		b. (Middle) <u>E</u>		c. (Last) <u>CONKLIN</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 19 1953</u>			5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		
8. DATE OF BIRTH <u>JULY 16 1887</u>			9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Month _____ Day _____		IF UNDER 1 HR. Hour _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE MAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CROONS TERMINAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR CANTON, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CONKLIN</u>			13b. MOTHER'S MAIDEN NAME <u>SYLVIA GAUBA</u>			14. NAME OF HUSBAND OR WIFE <u>LINA L. CONKLIN</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>500-14-1720</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. LINA L. CONKLIN 3315 1/2 E. 31 ST. KANSAS CITY MO</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Anemia &amp; Chronic Bronchitis</u>					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>492X</u>	
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 <u>January 15, 1953</u> to <u>January 19, 1953</u> that I last saw the deceased alive on <u>January 18, 1953</u> and that death occurred at <u>12 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul H. Potter</u>				(Degree or title) _____		23b. ADDRESS <u>1002 1/2 Commerce Trust Bldg.</u>		23c. DATE SIGNED <u>1-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-22-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>1-22-53</u>		REGISTRAR'S SIGNATURE <u>Sheralding Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>A. W. Lewcomer, 1331. 80th Ave. Kansas City, Mo.</u>				

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles H. Strickman

Licensed Embalmer No. 4560

P. O. Address R.E. 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.