

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1544**
Registrar's No. **7**

FILED FEB 9 1953
BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		8150
d. FULL NAME OF HOSPITAL OR INSTITUTION Haven Manor 3526 Walnut			d. STREET ADDRESS (If rural, give location) 1720 N. 47		
3. NAME OF DECEASED a. (First) ELLEN (Type or Print)			b. (Middle) K	c. (Last) MEAD	4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sept. 4, 1857	9. AGE (In years last birthday) 95	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Des Moines Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Kirkbride		13b. MOTHER'S MAIDEN NAME Elizabeth Doyle		14. NAME OF HUSBAND OR WIFE Wm. H. Mead	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. A.A. Wagner		ADDRESS 1720 N. 47 K.C.K.	
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) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ? ? 4222
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 Jan 1, 1953			
22. I hereby certify that I attended the deceased from Dec 9, 1952 , to Jan 1, 1953 , that I last saw the deceased alive on Dec 18, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Ray Busenbark (Degree or title) MD			23b. ADDRESS 224 Bro Blk		23c. DATE SIGNED 1-3-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	24b. DATE Jan. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
DATE REC'D BY LOCAL REG. 1-2-53	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter		ADDRESS 1837 N. Mum

(Licensed Embalmer's Statement on Reverse Side)

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 Chas H. Rider

Licensed Embalmer No. 3404

P. O. Address K.C.K.

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.