

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5787

State File No. _____

FILED FEB 18 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 670

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs, 3 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Armour Home, 8100 Wornall Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Armour Home 8100 Wornall Rd.</u>			

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3. NAME OF DECEASED a. (First) <u>LAURA</u> b. (Middle) <u>DELL</u> c. (Last) <u>GARY</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>1</u> (Year) <u>53</u>		
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>Sept 18-1867</u>			9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE	

13a. FATHER'S NAME <u>Frederick William Himlar</u>		13b. MOTHER'S MAIDEN NAME <u>Annie McCombs</u>		14. NAME OF HUSBAND OR WIFE <u>Wilford Pleasant Cary</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eliz. R. Schreiber, Supt. Armour Home</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus Influenza</u>		<u>2 da</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>2 wks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>480*</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) m.		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 Feb 7, 1950, to Feb 27, 1953, that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 4:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Chester B. Lee</u> (Degree or title)		23b. ADDRESS <u>174 Plaza Tower Bldg K.C. MO</u>		23c. DATE SIGNED <u>2-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SPINE-McCLURE</u>		ADDRESS <u>K.C. MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-2-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		No. _____	

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

Dr. Chester Lee
Plymouth Bldg.
Jan. 21/16

1 to 5

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 F. A. Walton

Licensed Embalmer No. 2744

P. O. Address 14 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.