

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1097

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>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>3 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1336 No. Lafontaine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krestwoods Medical Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BIDDIE</u> b. (Middle) <u>ANN</u> c. (Last) <u>ROSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 21 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>7/8/1871</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months Days <u>0 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Green Co., Missouri D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>JACKSON Thomas M. Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Frances McElhany</u>		14. NAME OF HUSBAND OR WIFE <u>Kindred Rose</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Omar Rose, 3956 Wyandotte</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* <u>Atherosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>420</u>
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 1947 to Feb 21, 1953, that I last saw the deceased alive on Feb. 20, 1953, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles A. Lakaytis M.D.</u> (Degree or title)		23b. ADDRESS <u>2700 Tracy K.C. Mo</u>		23c. DATE SIGNED <u>2/21/53</u>	
--	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/21/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Republic M.</u>	
24d. LOCATION (City, town, or county) (State) <u>Republic Mo.</u>					

DATE REC'D BY LOCAL REG. <u>2-21-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Labright - 2700 Truway.  
2-5 pm

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 Clayton R. Barnes

Licensed Embalmer No. 4793

P. O. Address. K.C., 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.