

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6396**
586

FILED FEB 18 1953

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 35 YRS.		d. STREET ADDRESS (If rural, give location) 1522 LYDIA 3268	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1522 LYDIA			

3. NAME OF DECEASED (Type or Print) a. (First) FLEMING b. (Middle) L. c. (Last) WHITNEY	4. DATE OF DEATH (Month) (Day) (Year) 1-17-1953
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5. SEX MALE	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DON'T KNOW	8. DATE OF BIRTH ABOUT 1877 AP. 25	9. AGE (In years last birthday) 75 <small>or UNDER 1 YEAR: Month Days</small> <small>or UNDER 1 Mth.: Hours Mins.</small>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER HANGER	10b. KIND OF BUSINESS OR INDUSTRY HOMES	11. BIRTHPLACE (City and State or Foreign Country) DON'T KNOW	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DON'T KNOW	13b. MOTHER'S MAIDEN NAME DON'T KNOW	14. NAME OF HUSBAND OR WIFE DON'T KNOW
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. DON'T KNOW	17. INFORMANT'S SIGNATURE OR NAME CORONER'S RECORD	ADDRESS JACKSON COUNTY
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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 794X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scurvy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones MD	23b. ADDRESS 1612 B. 12th	23c. DATE SIGNED 1/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-28-1953	24c. NAME OF CEMETERY OR CREMATORY WEST LAWN	24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.
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DATE REC'D BY LOCAL REG. 1-28-53	REGISTRAR'S SIGNATURE Gwladine Smith	25. FUNERAL DIRECTOR'S SIGNATURE BRADY-BROWN, K.P.M.	ADDRESS
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(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.