

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 12 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 55

1. PLACE OF DEATH Jackson County a. COUNTY Jackson County Hospital		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 Rural, Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence Missouri 7005	
c. LENGTH OF STAY (in this place) 6 mo		d. STREET ADDRESS Jackson Co Home	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) ----- c. (Last) Dorsey			4. DATE OF DEATH (Month) (Day) (Year) Feb 21 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown	
8. DATE OF BIRTH ----- 1877		9. AGE (In years last birthday) 76 3/4		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) not known	
12. CITIZEN OF WHAT COUNTRY? 9-3-					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
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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. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Records Jackson Co Hosp Indep. Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Pneumonia				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____				

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 _____, 19____, to 2-21-1953, that I last saw the deceased alive on 2-20-1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Spencer Reppin</i> (Degree or title) M.D.		23b. ADDRESS 1032 Prop. Bldg.		23c. DATE SIGNED 2/21/53	
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24a. BURIAL, CREMATION, OR REMOVAL Removal		24b. DATE 2/23/53		24c. NAME OF CEMETERY OR CREMATORY Mt Calvary		24d. LOCATION (City, town, or county) (State) Kansas City Kan	
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DATE REC'D BY LOCAL REG. 2/23/53		REGISTRAR'S SIGNATURE <i>W.B. Longford</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. Longford</i>		ADDRESS Summit	
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(Accepted 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 *W B Langford*

Licensed Embalmer No. *3833*

P. O. Address *Leis Summit*

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.