

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9729**
1323

FILED MAR 27 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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City,	
c. LENGTH OF STAY (In this place) 45 Yrs		d. STREET ADDRESS (If rural, give location) 1101 Elmwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital			

3198

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Ann c. (Last) Bost			4. DATE OF DEATH (Month) (Day) (Year) Mar. 3 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9-9-1884		9. AGE (In years last birthday) 68		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cherryvale, Kansas

13a. FATHER'S NAME John I. Stanley		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE William A. Bost	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-03-9825		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William A. Bost 1101 Elmwood K.C. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension 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 33 1/2
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	-------------------------------------------------------

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)		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 **Jan 19 53** to **March 3 1953** that I last saw the deceased alive on **March 3 1953** and that death occurred at **12:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James E. G... M.D.		23b. ADDRESS 3833 Paseo K.C. Mo.		23c. DATE SIGNED 3/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar, 6 1953		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			

DATE REC'D BY LOCAL REG. 3-5-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Kas. City, Mo.	
-------------------------------------------	--	-------------------------------------------------	--	------------------------------------------------------------------------------------	--

(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 Raymond T. Holman
Licensed Embalmer No. 4266

P. O. Address Kansas City 27

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.