

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9768**
1175

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1175</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY OR TOWN <u>Kansas City</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY (In days) <u>26 days</u>		c. CITY OR TOWN <u>Mission</u> <small>(If outside corporate limits, write RURAL and give township)</small>		8150 X	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menora</u>				d. STREET ADDRESS (If rural, give location) <u>5514 Walnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anita</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Clark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 20, 1893</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>MARCUS D. RUSSELL</u>	
13b. MOTHER'S MAIDEN NAME <u>EMMA A. THOMAS</u>		14. NAME OF HUSBAND OR WIFE <u>IRVING H. CLARK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> <small>(If yes, give war or dates of service)</small>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>IRVING H. CLARK</u>		ADDRESS <u>MISSION KANS</u>		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial rupture</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u>							
DUE TO (c) <u>Hypertension</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 checked="" type="checkbox"/> NO <input 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 <u>2-23</u> , 19 <u>53</u> to <u>2-24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-24</u> , 19 <u>53</u> , and that death occurred at <u>5:28</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William L. Mundy</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>420 Professional Bldg.</u>		23c. DATE SIGNED <u>2-25-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem</u>		24d. LOCATION (City, town or county) (State) <u>Shawnee Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-26-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>AMOS FUNERAL HOME</u>		ADDRESS <u>Shawnee, KS</u>	

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 *Ervin E. Russell*

Licensed Embalmer No. *4811*

P. O. Address *Shawnee Kansas*

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.