

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1256</u>					
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>Jackson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>22 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>423 East 80th Street</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>423 East 80th Street</u>				d. STREET ADDRESS <u>423 East 80th Street</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jean</u>			b. (Middle) <u>Mildred B.</u>		c. (Last) <u>DAMRON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-22-1906</u>		9. AGE (In years last birthday) <u>46</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		11. BIRTHPLACE (City and State or Foreign Country) <u>Sterling, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Harley H. Bruce</u>			13b. MOTHER'S MAIDEN NAME <u>Jessie Osgood</u>			14. NAME OF HUSBAND OR WIFE <u>Henry C. Damron</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>512-01-9796</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Henry C. Damron, 423 E. 80th, KC. Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)								MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 wks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>								CHRONIC HYDRONEPHROSIS - RIGHT		CONGENITAL	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								AGENESIS LEFT KIDNEY.		601X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>											
19a. DATE OF OPERATION <u>Jan. 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>RIGHT SEVERE HYDRONEPHROSIS &amp; AGENESIS LEFT KIDNEY</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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 <u>Feb 19 46</u> to <u>Feb 28</u> , 19 <u>53</u> that I last saw the deceased alive on <u>28 Feb</u> , 1953, and that death occurred at <u>11:50 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>A. Lloyd Stockwell</u> (Degree or title)						23b. ADDRESS <u>M. P. O. 600 Profers Bldg Kan City, Mo</u>			23c. DATE SIGNED <u>1 Mar '53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>					
DATE REC'D BY LOCAL REG <u>3-2-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-M<sup>c</sup>Gilley-Eyler K.C. MO.</u>					

(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

*Arthur Eugene Cook*

Licensed Embalmer No. 4912

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.