

S. No. 300  
EV. 10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10223

State File No. ....

ED APR 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5392 Registrar's No. 84

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>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3188</u>	
c. LENGTH OF STAY (In this place) <u>5 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1010 Bellefontain</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Belle</u> c. (Last) <u>McVay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 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>4-26-1875</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Wapakonepa, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>Adam</u>		13b. MOTHER'S MAIDEN NAME <u>No record</u>		14. NAME OF HUSBAND OR WIFE <u>Charles P. McVay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles P. McVay Kansas City, Missouri</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Fracture left femur.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>700</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>Infirmiry</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Jackson Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) of AM/PM <u>3 1 1953 9:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in hall</u>	

22. I hereby certify that I attended the deceased from 10-24-52, 1952, to 3-24-53, 1953, that I last saw the deceased alive on 3-23-53, 1953, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm C. Humenschein M.D.</u> (Degree or title)		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>24 Mar 53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 27 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack</u>	
24d. LOCATION (City, town, or county) (State) <u>Lone Jack, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Mar 26 1953</u>		REGISTRAR'S SIGNATURE <u>W. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. C. R. Foster Funeral Home, Kas. C. Mo.</u>	
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WRITE PLAINLY—USING UNEADING 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 *Joe B. Yoder* .....

Licensed Embalmer No. *4173* .....

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.