

FILED MAY 1 1953

STANDARD CERTIFICATE OF DEATH

State File No. **14168**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1974**

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 8 yrs.		35680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital- 9 1/2 hrs		d. STREET ADDRESS (If rural, give location) 3734 College	
3. NAME OF DECEASED (Type or Print) a. (First) MAXINE b. (Middle) RUTH c. (Last) FIELDS		4. DATE OF DEATH (Month) (Day) (Year) April 12, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH October 1, 1914
9. AGE (in years last birthday) 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl	11. BIRTHPLACE (City and State or Foreign Country) Green Castle, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY School Girl	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Eldon G. Fields		13b. MOTHER'S MAIDEN NAME Anna L. Hendric	14. NAME OF HUSBAND OR WIFE -----
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. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eldon Fields, 3734 College Avenue
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & Respiratory failure INTERVAL BETWEEN ONSET AND DEATH R.C. Ma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock DUE TO (c) Burns (Chest)		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 type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Burns	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 11 53 7a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Burn. Caused with matches	
22. I hereby certify that I attended the deceased from April 1, 1953 , to April 12, 1953 , that I last saw the deceased alive on April 12, 1953 , and that death occurred at 4:55 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE A. D. Antry		23b. ADDRESS Kansas City, Mo.	
23c. DATE SIGNED 4/13/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR-15-1953	24c. NAME OF CEMETERY OR-CREMATORY Floral Hills Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
DATE REC'D BY LOCAL REG 4-13-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Walt Newcomer Sons		ADDRESS Kansas City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1958

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

Robert Ray

Licensed Embalmer No.

4182

P. O. Address

Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.