

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

14235

State File No.

1728

BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4

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 OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 YRS.		e. STREET ADDRESS (If rural, give location) 3240 NORLEDGE 3098	
d. FULL NAME OF HOSPITAL OR INSTITUTION N.F. REST. HOME			
3. NAME OF DECEASED (Type or Print) a. (First) Franca b. (Middle) Margaret c. (Last) Hearsh			4. DATE OF DEATH (Month) (Day) (Year) Mar. 29-1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3-22-1866
9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Chester Pa
12. CITIZEN OF WHAT COUNTRY? US			
13a. FATHER'S NAME Thas Quinn		13b. MOTHER'S MAIDEN NAME Sarah Hart	14. NAME OF HUSBAND OR WIFE Lorin A. Hearsh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Allen L. Hearsh ADDRESS 1101 Prof. Bldg
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES DUE TO (b) Cerebral apoplexy		4 wks	
DUE TO (c) Rheumatoid arthritis		30 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		490X	
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) (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 June, 1923 , to 3-29, 1953 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Allen L. Hearsh (Degree or title) MD		23b. ADDRESS 1100 Prof. Bldg.	23c. DATE SIGNED 3-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-29-53	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET	24d. LOCATION (City, town, or county) (State) St. Joseph MO.
DATE REC'D BY LOCAL REG. 3-29-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS K.C. MO.	

(Licensed Embalmer's Statement of Reverse Side)

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.....
Signature of Student Embalmer

Signed *Allen E. Heath*.....

Licensed Embalmer No. *4063*.....

P. O. Address *A. C. M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.