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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17391
2315

State File No. _____
Registrar's No. _____

FILED MAY 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>3939</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, North</u>		c. LENGTH OF STAY (in this place) <u>5 YRS</u>		c. CITY OR TOWN <u>Kansas City, North</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ON A. S. B. Bridge No. Kans. City</u>				e. STREET ADDRESS (If rural, give location) <u>4035 Kelsey Rd. Brashear Tra. Court</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Mefford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 2, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 13, 1926</u>		9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee Of Gen. Mills</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Stockton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Mefford</u>			13b. MOTHER'S MAIDEN NAME <u>Cleotis Pruitt</u>		14. NAME OF HUSBAND OR WIFE <u>Wanda Mefford</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)		16. SOCIAL SECURITY NO. <u>497-24-4179</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wanda Mefford</u> ADDRESS <u>K.C. 16, MO.</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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head & Chest Laceration, Multiple Fractures</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2 Car Collision</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			21. HOW DID INJURY OCCUR? <u>2 car collision Car Trauma</u>		
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>A. S. B. Bridge</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. North Clay MO</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/2/53 1:15A.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23a. SIGNATURE <u>D. S. Pate</u> (Degree or title) <u>Owner</u>			23b. ADDRESS <u>North Kansas City, Mo.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-2-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Canton</u>		24d. LOCATION (City, town, or county) (State) <u>Stockton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-4-53</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's</u> ADDRESS <u>NORTH K.C. MO.</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 John H. Kalsbeek....., Student Embalmer No. 483 working under my personal supervision..

Student John H. Kalsbeek
Signature of Student Embalmer

Signed Glenn P. Hill

Licensed Embalmer No. 4586

P. O. Address Mc 14 720

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.