

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17994

State File No. 2383

FILED MAY 27 1953
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

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 OR TOWN KANSAS CITY Mo.	c. LENGTH OF STAY (in this place) 4 1/2 Days	c. CITY OR TOWN KANSAS CITY	Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3698
d. FULL NAME OF HOSPITAL OR INSTITUTION The Children's Mercy Hospital		e. STREET ADDRESS (If rural, give location) 225 W. 43rd St. Crittenton Home	
3. NAME OF DECEASED (Type or Print) SUSIE DONART		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1953	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 0	8. DATE OF BIRTH MAY 3, 1953
9. AGE (In years last birthday) 43	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) Crittenton Home - K.C. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Lucille Donart	14. NAME OF HUSBAND OR WIFE none	
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Cox Thomas, Crittenton Home	
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) Bilateral Hemorrhagic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pre-eclampsia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 5-3, 1953, to 5-7, 1953, that I last saw the deceased alive on 5-7, 1953, and that death occurred at 6:55 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H.M. Gilkey M.D.		23b. ADDRESS 1624 Prof. Bldg.	23c. DATE SIGNED 5-7-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-9-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 5-8-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McGLURE UNDERTAKING CO., KC Mo.	

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 *Ernest Kennor*.....
Licensed Embalmer No. *4633*
P. O. Address *R. O. 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.