

FILED JUN 9 1953

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **18234**  
**2658**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>128</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospt. # 1</b>		e. STREET ADDRESS (If rural, give location) <b>2826 Campbell</b>	
3. NAME OF DECEASED a. (First) <b>Laura</b> (Type or Print)		b. (Middle) <b>E</b> c. (Last) <b>Richardson</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>5-5-66</b>
9. AGE (In years last birthday) <b>87</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Randolph, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James G. Kimbrough</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Goodman</b>	
14. NAME OF HUSBAND OR WIFE <b>Dec.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>	
16. SOCIAL SECURITY NO. <b>1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lewis Richardson, K.C. Mo</b>	
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) <b>Arteriosclerotic heart disease with congestive heart failure</b> ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>arteriosclerosis</b>	
19a. DATE OF OPERATION <b>5-23-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intertrochanteric Fx. Rt. Hip.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>SUICIDE</b>	
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) (Minute)		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 <b>5-21-53</b> , 19____, to <b>5-24-53</b> , 19____, that I last saw the deceased alive on <b>5-21-53</b> , 19____, and that death occurred at <b>9:15 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>B. I. Burns, M.D.</b>		23b. ADDRESS <b>General Hospt. # 1</b>	
23c. DATE SIGNED <b>5-24-53</b>		24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>5/26/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Hope</b>	
24d. LOCATION (City, town, or county) (State) <b>Near Huntville Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>S. L. Shepard</b>	
DATE REC'D BY LOCAL REG. <b>5-24-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. FUNERAL DIRECTOR'S ADDRESS <b>H.C. Mo.</b>			

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

1953

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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *S. L. Lepore*.....

Licensed Embalmer No... 397

P. O. Address *Mendon*.....

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.