

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21625**
2888

FILED JUL 9 - 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 b. CITY (If outside corporate limits, write RURAL and give town) Kansas City c. LENGTH OF STAY (In this place) 75 years d. FULL NAME OF HOSPITAL OR INSTITUTION Hazelwood Convalescent Home 328 Prospect - 3309 E. 74th		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) Kansas City d. STREET ADDRESS (If rural, give location) Prospect - 3309 E. 74th	
3. NAME OF DECEASED a. (First) James b. (Middle) R c. (Last) Getney		4. DATE OF DEATH (Month) (Day) (Year) June 8 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH November 5 1860
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR (Months) (Days)	IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Retired Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (State or foreign country) Tipton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lewis Getney		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Unknown	
14. NAME OF HUSBAND OR WIFE Ella Getney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. E. Rodekopf	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease ANTECEDENT CAUSES with Aneurysmal F. dilatation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 month 4200 1 month	
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) (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 5-27, 1953, to 6-8, 1953, that I last saw the deceased alive on 6-4, 1953, and that death occurred at 11:40 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Jack W. Wolf		23b. ADDRESS 206 Apple Blvd, Kansas City, Mo.	
23c. DATE SIGNED June 9 - 53		23d. NAME OF CEMETERY OR CREMATORY St. Washington Cemetery	
23e. LOCATION (City, town, or county) (State) Kansas City, Missouri		24. DATE REC'D BY LOCAL REG. 6-9-53	
24b. DATE June 10 1953		24c. NAME OF CEMETERY OR CREMATORY St. Washington Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Sheldine Smith	
25. FUNERAL DIRECTOR'S ADDRESS Kilks Funeral Home - 2315 Linwood 76		(Licensed Embalmer's Statement on Reverse Side)	

2:30 -
[Handwritten signature]

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Chas E. Wilks*

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *W. E. Mo*

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