.S. No. 300-
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21630

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2692

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2404 Askew

3. NAME OF DECEASED (Type or Print)
a. (First): Della
b. (Middle): Livingston
c. (Last): HINDS

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 53

5. SEX: female 1

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: 7-26-74

9. AGE (In years last birthday): ~~78~~ 78 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KANSAS 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: SAMUEL S. HINDS

13b. MOTHER'S MAIDEN NAME: MATILDA VANNAMAN

14. NAME OF HUSBAND OR WIFE: JACOB P. LIVINGSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME: HOSP RECORDS | ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PRIMARY ~~Metastatic~~ cancer of rectosigmoid — 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) C metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 1953, *to* May 25, 1953, *that I last saw the deceased alive on* May 25, 1953, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward H. Straatemeier (Degree or title) M.D.

23b. ADDRESS 24th & Cherry Sts.

23c. DATE SIGNED 5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: 5-26-53

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): LOUISBURG, KS

DATE REC'D BY LOCAL REG.: 5-26-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE | **ADDRESS**: STING + McCLURE, KC, MO

(Licensed Embalmer's Statement on 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed F. S. Hatton

Signed.....
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address K.C., 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.