

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21753**

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3002**

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 34 YEARS	c. CITY OR TOWN KANSAS CITY	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 OUR LADY OF MERCY HOME		e. STREET ADDRESS (If rural, give location) 918 EAST-9TH STREET	

3. NAME OF DECEASED (Type or Print) FLORENCE	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JUNE-14-1953
--	------------	-------------	-----------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC-18-1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HS. Hours	IF UNDER 15 MIN. Min.
-------------------------	----------------------------------	--	--	---	---------------------------	--------------------------	-------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALES LADY	10b. KIND OF BUSINESS OR INDUSTRY HARZ FIELDS'	11. BIRTHPLACE (City and State or Foreign Country) ST. JOSEPH, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	--	---	---

13a. FATHER'S NAME SIMON STERN	13b. MOTHER'S MAIDEN NAME HENRIETTA	14. NAME OF HUSBAND OR WIFE -
--	---	---

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. (If none, - NONE) 495-09-1010	17. INFORMANT'S SIGNATURE OR NAME MISS JEAN STERN	ADDRESS ST. JOSEPH, MO
---	---	---	----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occl		INTERVAL BETWEEN ONSET AND DEATH 5 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c) Sensibility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture Right Hip		4201 F	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Mar 15 1947** to **June 14 1953** that I last saw the deceased alive on **Mar 13 1953** and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE Harold Passmen	(Degree or title)	23b. ADDRESS Prof Bldg.	23c. DATE SIGNED 6/14/53
---	-------------------	-----------------------------------	------------------------------------

24a. BURIAL (CREMATION) (REMOVAL) (Specify) BURIAL	24b. DATE JUNE-14-1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) ST. JOSEPH MISSOURI
--	----------------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. 6-14-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons	ADDRESS (33) BRUSH CREEK KANSAS CITY MO.
--	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD
Harold Passmen MD

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 *John B. Lewis*.....

Licensed Embalmer No. *487*

P. O. Address *Ke W*

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.