

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24697**  
**3112**

No. 300  
10.48

FILED JUL 17 1953

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) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 3328</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GEN. HOSP. # 2</b>		d. STREET ADDRESS (If rural, give location) <b>29 1417 1/2 - E - 18th St.</b>	
3. NAME OF DECEASED a. (First) <b>VERNON</b>		b. (Middle) <b>CLAY</b>	
c. (Last) <b>CLAY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-8-1953</b>	
5. SEX <b>♂</b>	6. COLOR OR RACE <b>COL.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>DEC. 15, 1894 5-8</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DON'T KNOW</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CENTRALIA, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>DON'T KNOW</b>	14. NAME OF HUSBAND OR WIFE <b>DON'T KNOW</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>DON'T KNOW</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ELSIE KING</b> ADDRESS <b>1417 1/2 - E - 18th St. K.S.M.</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* <b>Brain Trauma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>fractured skull</b> <b>fell from back porch</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1417 1/2 E 18th St</b>	
21a. ACCIDENT (Specify) <b>fall from porch</b>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>K. C. Jackson Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) <b>6/4/53 7 1/2 PM</b>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? <b>fell from porch</b>	
23a. SIGNATURE <b>Geraldine Smith</b> (Address or title) <b>MO 3</b>		23b. ADDRESS <b>1612 E 12th</b>	
23c. DATE SIGNED <b>6/18/53</b>		24. LOCATION (City, town, or county) (State) <b>KANSAS CITY, KANS.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>6-22-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>WESTLAWN</b>		24d. FUNERAL DIRECTOR'S SIGNATURE <b>BRADY - BROWN</b> ADDRESS <b>K. C., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-19-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Thos. A. Jones, Dep. Coroner, 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 .....  
Student Embalmer

Signed John R. Bidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.