

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24769**
3269
Registrar's No. _____

FILED JUL 17 1953
BIRTH NO. 28918 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>109 E. Jarvis</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>England</u>	
4. DATE OF DEATH (Month) <u>6</u> (Day) <u>28</u> (Year) <u>53</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>5/18/53</u>		9. AGE (In years last birthday) <u>1</u> <u>10</u> Months <u>1</u> Year <u>10</u> Days <u>10</u> Hours <u>0</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>General Hosp. Clinton, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Harry A. England</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Douglas</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry A. England</u>		ADDRESS <u>Clinton, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION <u>6-26</u>		19b. MAJOR FINDINGS OF OPERATION <u>meningeal hydrocell</u>	
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)		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 <u>6-26</u> , 19 <u>53</u> , to <u>6-28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-28</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE <u>Roy F. Drake</u> (Degree or title) <u>M.D.</u>	
23b. ADDRESS <u>2414 Telephone Building</u>		23c. DATE SIGNED <u>6-28-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>	
24b. DATE <u>6-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Consolus</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-28-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry A. England</u> ADDRESS <u>Clinton Mo.</u>	

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.