

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28555

State File No.

3998

BIRTH NO. FILED SEP 11 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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 town) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 5 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 112 1010 East 27th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Luke's Hospital		3438 0	
3. NAME OF DECEASED (Type or Print) a. (First) Patsy		b. (Middle) A.	
c. (Last) Clemings		4. DATE OF DEATH (Month) (Day) (Year) 18 7 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 10-1-24
9. AGE (In years last birthday) 28		10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steno & Bookkeeping		10b. KIND OF BUSINESS OR INDUSTRY Skelly Oil Co.	
11. BIRTHPLACE (State or foreign country) Platte City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Smith Clemings		13b. MOTHER'S MAIDEN NAME Mrs. Elsie Clemings	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 495-20-8002		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Margaret C. Cewly, Medical Record Librarian, Saint Luke's Hospital	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation ANTECEDENT CAUSES: DUE TO (b) Quinidine sulfate. DUE TO (c) Rheumatic Heart Disease inactive Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH minutes Days years 4 1/2 X		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 October, 1951, to August 7, 1953, that I last saw the deceased alive on August 7, 1953, and that death occurred at 3:20 pm., from the causes and on the date stated above.			
23a. SIGNATURE V. B. Ballard (Degree or title)		23b. ADDRESS 411 Nichols Rd. Kansas City, Mo.	
23c. DATE SIGNED 8/8/53		24a. BURIAL, CREMATION, OR REMOVAL (Specify)	
24b. DATE Aug 11 - 53		24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	
24d. LOCATION (City, town, or county) Platte City		24e. OCCASION (State) No	
DATE REC'D BY LOCAL REG. 8-11-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis		ADDRESS Parkville Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1957

200 4350

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

Leland H. Francis

Signed.....
Student Embalmer

Licensed Embalmer No. *3451*

P. O. Address *Parkville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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