

FILED SEP 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28899**
4277

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		d. STREET ADDRESS (If rural, give location) 1121 Broadway		3248	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1121 Broadway		3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Ida		b. (Middle) May		c. (Last) TRAS		DEATH Aug. 30, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH June 11, 1899	
9. AGE (in years, last birthday) 54		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Tom Allen		13b. MOTHER'S MAIDEN NAME Anna Kendrick		14. NAME OF HUSBAND OR WIFE Clarence E. Tras	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harold M. Crandall			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Bronchial Pneumonia				1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Metastatic Carcinoma of Lung & Brain				?	
		DUE TO (c) Carcinoma of Breast				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pleural Effusion				weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 10, 1953</u> , to <u>Aug 30, 1953</u> , that I last saw the deceased alive on <u>Aug 29, 1953</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Charles Glass (Degree or title) D.O.				23b. ADDRESS 808 West 17th		23c. DATE SIGNED 9/31/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-53		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 8-31-53		REGISTRAR'S SIGNATURE Gereldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Dr. Glass
808 W. 17th.

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

Glen E. Heck

Licensed Embalmer No. *4063*

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.