

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31825**
4360
Registrar's No. _____

FILED SEP 24 1953

BIRTH NO. _____ 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 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) 38 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 309 EAST-69TH STREET				e. STREET ADDRESS (If rural, give location) 410 309 EAST-69TH STREET			
3. NAME OF DECEASED (Type or Print) a. (First) VERNA		b. (Middle) Q.		c. (Last) HILSCHER		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4-1953	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE-6-1890	
9. AGE (In years last birthday) 63		if UNDER 1 YEAR Months		if UNDER 2 HRS. Hours		if UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) SEWELL, IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME UNKNOWN MAXWELL		13b. MOTHER'S MAIDEN NAME ANNA JOHNSON		14. NAME OF HUSBAND OR WIFE HENRY C. HILSCHER			
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. 500-14-0283		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS HENRY C. HILSCHER 309 E. 69TH ST. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	
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) m.		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 _____, 1948, to 4844 , 1953 that I last saw the deceased alive on 4844 , 1953, and that death occurred at 7:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Myers (Degree or title)				23b. ADDRESS 1025 Quail Bldg		23c. DATE SIGNED 4844 53	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE SEPT. 8-1953		24c. NAME OF CEMETERY OR-CREMATORY MT. MORIAH CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 9-5-53		REGISTRAR'S SIGNATURE Maeldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. H. Newcomer 1331 BRUSH CREEK KANSAS CITY, MO.			

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 *Basil W. Honey*.....

Licensed Embalmer No. *4724*.....

P. O. Address *Tashland*.....

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.