

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35997

State File No. _____

4668

FILED OCT 23 1953

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>7 yrs.</u> | | e. STREET ADDRESS (If rural, give location) <u>3115 Holmes</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>E.</u> c. (Last) <u>Milton</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 26 - 1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 17 1889</u> |
| 9. AGE (in years last birthday) <u>64</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laund</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Order House</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Durham N. Carolina</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Florence Milton</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>514-24-0194</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W.H. Baker, Overland Park, Mo</u> | |
| 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) <u>HYPOSTATIC Pneumonia, right lung. Rt. heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u> |
| 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>9 - 10</u> , 19 <u>53</u> to <u>9 - 26</u> , 19 <u>53</u> , that I last saw the deceased <u>V</u> alive on <u>9 - 26</u> , 19 <u>53</u> , and that death occurred at <u>11:05A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>B. I. Burns</u> | | 23b. ADDRESS <u>General Hospital No. 1</u> | 23c. DATE SIGNED <u>9-28-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 29 '53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> |
| DATE REC'D BY LOCAL REG. <u>9-28-53</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>TRoyce Hoge Overland Park, Kans</u> | |

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

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 *J. Royce Hoge*.....
W. N. H.

Licensed Embalmer No. *3579*.....

P. O. Address *Overland Park*.....

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.