

**STANDARD CERTIFICATE OF DEATH**

State File No. **38946**  
**5290**

FILED NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>2006 West 47th. Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hosp.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Grace</u>	b. (Middle) <u>Ashlock</u>	c. (Last) <u>Bell</u>	<u>Nov. 7 1953</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 24, 1878</u>		<b>9. AGE</b> (in years last birthday) <u>75</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Olathe, Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>

<b>13a. FATHER'S NAME</b> <u>Samuel Ashlock</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Martha Morris</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry n. Bell</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Miss Fay Bell.</u> <b>ADDRESS</b> <u>Home</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>		<u>None</u>
	<b>ANTECEDENT CAUSES</b>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Hypertensive Heart - Kidney disease</u>		<u>30 years</u>
	DUE TO (c) <u>The Leukemia - Anemia</u>		<u>4 years</u>
	<b>II. OTHER SIGNIFICANT CONDITIONS</b>		<u>15 yrs.</u>
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>		

<b>19a. DATE OF OPERATION</b> <u>none</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>no</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>none</u>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>none</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>none</u>

**22. I hereby certify that I attended the deceased from** Jan 1950, to Nov 7, 1953, that I last saw the deceased  **alive on** 11/7, 1953, and that death occurred at 6:49 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Hester J. Wilson M.D.</u>	<b>23b. ADDRESS</b> <u>441 Nichols Road Playtime Bldg.</u>	<b>23c. DATE SIGNED</b> <u>11/9/53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Nov. 9, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Olathe Cem.</u>
	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Olathe, Kansas.</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>11-9-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Sheraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Gates Funeral Home, K. C. Kans.</u>	<b>ADDRESS</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. Hester  
605 W.  
after 8:30

Je 2233

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 *Jimmy S. Huber*

Licensed Embalmer No. *4092*

P. O. Address *Marion, Va*

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.