

FILED DEC 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39008**
5365

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 15 yrs.		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 Research Hospital				e. STREET ADDRESS (If rural, give location) 2421 East 50th Street 3768				
3. NAME OF DECEASED (Type or Print) a. (First) IRENE		b. (Middle) HESBARD		c. (Last) CUMPTON		4. DATE OF DEATH (Month) (Day) (Year) November 13, 1953		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 17, 1907	9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Hall Bros.		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Jackson Haggard			13b. MOTHER'S MAIDEN NAME Katie		14. NAME OF HUSBAND OR WIFE John F. Cumpton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-26-5124		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John F. Cumpton, 2421 E. 50th St., KC 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease with mitral stenosis & insufficiency and aortic stenosis 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 1 month 410X	
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)		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>Nov 4</u> , 19 <u>52</u> , to <u>Nov 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov 13</u> , 19 <u>53</u> , and that death occurred at <u>1:00 a m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE E. G. Kettner (Degree or title) M.D.				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 11/13/53		
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE 11/13/53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Butler, Mo.		
DATE REC'D BY LOCAL REG. 11-13-53		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.			

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

Dr. Robert C. The Librarian
820 Irving, Bldg.
Br. 2892

Apr. 10, 1910

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 *F. S. Walton*

Licensed Embalmer No. *274*

P. O. Address *F. S. Walton*

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.