

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39272

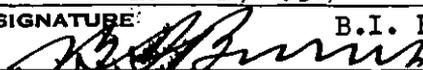
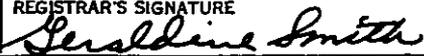
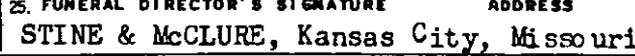
State File No.

5152

FILED NOV 19 1953

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

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 45 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 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"/> e. STREET ADDRESS (If rural, give location) 3329 Campbell	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Sell		4. DATE OF DEATH (Month) (Day) (Year) 10 28 1953	
5. SEX F 6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH April 15, 1871		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY 	
11. BIRTHPLACE (City and State or Foreign Country) West Virginia /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Van Buren Robinson		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Daniel G. Sell			
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. No	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benjamin V. Gibson, Cleveland, Mo.			
MEDICAL CERTIFICATION			
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) Acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. 'AUTOPSY?' YES <input checked="" 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 Oct. 18, 1953 , to Oct. 28, 1953 , that I last saw the deceased alive on Oct. 28, 1953 , and that death occurred at 10:07 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE: 		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 10-29-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/31/53	
24c. NAME OF CEMETERY OR CREMATORY 		24d. LOCATION (City, town, or county) (State) Holden, Missouri	
DATE REC'D BY LOCAL REG. 10-30-53		REGISTRAR'S SIGNATURE 	
25. FUNERAL DIRECTOR'S SIGNATURE 		ADDRESS STINE & McCURE, Kansas City, Missouri	

121

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 *Eugene Hanna*.....

Licensed Embalmer No... (633).....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.