

STANDARD CERTIFICATE OF DEATH

State File No. **42350**
5696

No. 300
10-48
4

FILED DEC 29 1953

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Shaw		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shaw	
b. CITY OR TOWN Kansas City North	c. LENGTH OF STAY (in this place) 1 mo.	c. CITY OR TOWN Liberty	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mills Convalescent Home		d. STREET ADDRESS (If rural, give location) Morris Ave 6001	

3. NAME OF DECEASED (Type or Print) DORA			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Dec 2-53		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W. Married 2		8. DATE OF BIRTH Aug 20, 1879		9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months 5 Days 22	# UNDER 1 MTS. Hours 1 Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Liberty, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Bondy		13b. MOTHER'S MAIDEN NAME Mary J. Gilester		14. NAME OF HUSBAND OR WIFE Albert Carrel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME George Bondy Liberty, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 mo.
	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) Atherosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4500	

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 **Oct 19 1953** to **2 Dec 1953**, that I last saw the deceased alive on **1 Dec 1953**, and that death occurred at **6:45 pm**, from the causes and on the date stated above.

23a. SIGNATURE F. M. Waterman (Degree or title) MD		23b. ADDRESS 100 N Main, Liberty, Mo		23c. DATE SIGNED 3 Dec 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE Dec 2-53	24c. NAME OF CEMETERY OR CREMATORY W. Memorial	24d. LOCATION (City, town, or county) (State) Liberty Mo	
DATE REC'D BY LOCAL REG. 12-4-53	REGISTRAR'S SIGNATURE Maldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Church-Orchard G. Liberty, Mo ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

8153
TH

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 John Lombard
Licensed Embalmer No. 4448

P. O. Address Liberty, Mo

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 this body is not embalmed, fact should be so stated above.