

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42822**  
Registrar's No. **5603**

FILED DEC 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **147** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH. a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4521 Salem Court</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4521 Salem Court</b>			

3. NAME OF DECEASED (Type or Print) <b>Miss Emma</b>		a. (First) <b>L.</b>	b. (Middle) <b>Compton</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27, 1953</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Feb. 27, 1860</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>James H. Compton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Wirt</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elizabeth Schwitzgabel</b> ADDRESS <b>K.C. Mo. 4521 Salem Ct.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia; nephrosclerosis</b>		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>					
		DUE TO (b) <b>arteriosclerosis;</b>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <b>Carcinoma skin of face involving maxilla and orbit; recent surgery</b>						<b>446XH</b>	

19a. DATE OF OPERATION <b>10-22-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma involving orbit and Rt. antrum</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 **10-2**, 1953, to **11-27**, 1953, that I last saw the deceased alive on **11-27**, 1953, and that death occurred at **2:55 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. O. Miles, M.D.</b>		23b. ADDRESS <b>Playa Time Bldg. KCM</b>		23c. DATE SIGNED <b>11-28-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Hemo val</b>		24b. DATE <b>11/30/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>11-18-53</b>		REGISTRAR'S SIGNATURE <b>Sheralding Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>		ADDRESS <b>K.C. MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Wm. Allen ...  
411 ...  
Jan 22 1933  
2 to 2:20 this pm.

7:00 2:55 PM

**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 J. Harmon

Licensed Embalmer No. 4633

P. O. Address .....

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.