

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42853**
5757BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) 305 Bellefontaine	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Kathryn	b. (Middle) Irene	c. (Last) DESMOND	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 4-13-88	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier	10b. KIND OF BUSINESS OR INDUSTRY No. Amer. Life, Ins. Co.	11. BIRTHPLACE (City and State or Foreign Country) Avoca, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Patrick J. Desmond	13b. MOTHER'S MAIDEN NAME Bridget Seahill	14. NAME OF HUSBAND OR WIFE
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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. 496-03-2670	17. INFORMANT'S SIGNATURE OR NAME Miss Nora Desmond	ADDRESS 305 Bellefontaine, KC, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myeloblastic Leukemia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) Bronchopneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2042	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Angelo Lapi (Degree or title) autopsy	23b. ADDRESS 101 Memorial Drive	23c. DATE SIGNED 12/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-9-53	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 12-8-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler	ADDRESS Kansas City, Mo.
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Personal

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 Melvin Barteau

Licensed Embalmer No. 4903

P. O. Address K. C. 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.