

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42974**  
Registrar's No. **5913**

FILED JAN 14 1954

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5913</b>			
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. LENGTH OF STAY (in this place) <b>non-resident</b>		c. CITY OR TOWN <b>Kansas City, Rural</b>		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 <b>412 West 8th. Street</b>				e. STREET ADDRESS (If rural, give location) <b>1509 Vincil Street</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophia</b> b. (Middle) <b>H.</b> c. (Last) <b>Jamison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 14, 1953</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>August 24-1909</b>			
9. AGE (In years last birthday) <b>44-3-30</b>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Louis Walter Co.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Jacob Pycior</b>		13b. MOTHER'S MAIDEN NAME <b>T. Jahog</b>		14. NAME OF HUSBAND OR WIFE <b>Earl Thomas Jamison</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-07-2591</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thomas Jamison, 2525 Askew, K.C. Mo.</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Skull in Pctly</b> <b>Crushed chest</b> 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.						INTERVAL BETWEEN ONSET AND DEATH <b>67 1/2</b> <b>5</b>	
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) <b>Accident factory</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>factory</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kans City Jackson mo</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-14-53 4:20 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Elevated fall</b>					
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 <b>Hugh H. Owens</b> (Degree or title)				23b. ADDRESS <b>1034 Quail Blvd</b>		23c. DATE SIGNED <b>12-15-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/17/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>12-17-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mail Funeral Home K.C. Mo</b>				

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

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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.....  
*J.P. Sherd*

Licensed Embalmer No. *3625*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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