

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43067**
6036

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6036

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

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1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Mary's Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>4429 Fairmount</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>D.</u> c. (Last) <u>Mead</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>24</u> (Year) <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 24th, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	9. AGE (In years last birthday) <u>77</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Crete, Nebraska.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Augustus Mead</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cory</u>	14. NAME OF HUSBAND OR WIFE <u>Mary C. Mead</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>436-01-4911</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. J. Dano, 4414 Fairmount. Daughter.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis pneumoniae</u> ANTECEDENT CAUSES <u>Cerebral hemorrhage</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input 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) m.	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 <u>1952</u> , 19 <u>52</u> , to <u>DEC 24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/24</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Delon A. Williams</u> (Degree or title) <u>Delon A. Williams M.D.</u>		23b. ADDRESS <u>806 P. of Kelly</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-25-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quirk & Tobin 20 West Linwood, K.C. Mo.</u>	

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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Coldsnow*.....

Licensed Embalmer No. *4714*.....

P. O. Address *C. C. M.*.....

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.