

No. 300
10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43303**

FILED JAN 8 1954

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5368** Registrar's No. **482**

1. PLACE OF DEATH a. COUNTY Jackson (Rural Blue)		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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City (Rural Blue)	
c. LENGTH OF STAY (In this place) 14 yrs		d. STREET ADDRESS (If rural, give location) 112 S. Hawthorne	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 112 S. Hawthorne		7000	
3. NAME OF DECEASED (Type or Print) a. (First) KING b. (Middle) RALSTON c. (Last) AILSHIRE		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 3, 1889
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mail carrier	11. BIRTHPLACE (City and State or Foreign Country) Higginville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. R. Ailshire	
13b. MOTHER'S MAIDEN NAME Minnie King		14. NAME OF HUSBAND OR WIFE Mable Ailshire	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497 36 7257	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mable Ailshire, Kansas City, Mo.		ADDRESS	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic cancer of lungs & brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary source undetermined. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 months
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				
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) (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 **Oct. 25, 1953**, to **Dec. 20, 1953**, that I last saw the deceased alive on **Dec. 20, 1953**, and that death occurred at **9:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wilson H. Miller M.D. (Degree or title)	23b. ADDRESS 4620 Independence Ave.	23c. DATE SIGNED Dec. 20, 1953
---	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/23/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. 12-23-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Geo. G. Gerson ADDRESS Independence, Mo.
--	--	---

354-d

(Licensed Embalmer's Statement on Reverse Side)

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

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Independence, 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.