

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1309

State File No. _____

90448-53
FILED FEB 11 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 134

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>6 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highlandville (Rural)</u> d. STREET ADDRESS (If rural, give location) <u>Star. Route 1040</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u> b. (Middle) <u>Lea</u> c. (Last) <u>Flood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>12-9-53</u>
9. AGE (In years last birthday) <u>1</u> MONTHS <u>1</u> DAYS <u>1</u> HOURS <u>1</u> MIN. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>4</u> <u>Aurora, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Kenneth Flood</u>	
13b. MOTHER'S MAIDEN NAME <u>Wilma Lea Conrad</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Flood, Highlandville, Mo.</u> 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 <u>Bunch pneumonia - Severe dehydration - Acidosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>49 hr</u>	
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) _____	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>1-9, 1954, to 1-10, 1954</u>, that I last saw the deceased alive on <u>1-10, 1954</u>, and that death occurred at <u>2:00 Am.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) _____		23b. ADDRESS <u>Wayne Hart M.D., Mercy Hospital, Kansas City, Mo.</u>	
23c. DATE SIGNED <u>1-10-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>1-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Cleves Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harris Funeral Home</u> ADDRESS <u>Cleves</u>	
DATE REC'D BY LOCAL REG. <u>1-10-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	

*Theresa
Alverson*

Alverson

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 _____

Licensed Embalmer No. _____

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