

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1363

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4407-6-10<sup>th</sup> St</u>		c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>4407-6-10<sup>th</sup> St - 3148</u>		3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>ELTA</u> c. (Last) <u>HOLWELL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-54</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>2/20/77</u>		9. AGE (In years last birthday) <u>76</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Wm McPhail</u>		13b. MOTHER'S MAIDEN NAME <u>Wm</u>	
13c. NAME OF HUSBAND OR WIFE <u>Timothy Holwell</u>		14. NAME OF HUSBAND OR WIFE	
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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Timothy J. Holwell</u>		ADDRESS <u>K.C. Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <u>the week</u>  <u>Many years</u>  <u>331X</u>		19. DATE OF OPERATION <u>no</u>	
19a. MAJOR FINDINGS OF OPERATION <u>1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) <u>1:19 54</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>March, 6</u> , 19 <u>51</u> , to <u>January, 3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>January, 1</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Harned</u> <u>W. Harned</u> (Degree or title)		23b. ADDRESS <u>402 Wirthman Bldg</u>	
23c. DATE SIGNED <u>January, 4, 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		25. EMERALD DIRECTOR'S SIGNATURE <u>Sheil General Home K.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-5-54</u>		REGISTRAR'S SIGNATURE <u>Beauline Smith</u>	

(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.....  
Signature of Student Embalmer

Signed *Richard E. Carroll*

Licensed Embalmer No. *48*

P. O. Address *H. C. S.*

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.