

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8709

State File No.

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1159**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | c. LENGTH OF STAY (in this place township) 3.5 Weeks | c. CITY OR TOWN Mission Hills | 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 Research Hospital | | • STREET ADDRESS (If rural, give location) 5501 High Dr., (K.C. 13, Mo.) | |

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|---|--------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) JAY | b. (Middle) V. | c. (Last) HOLMES | 4. DATE OF DEATH (Month) (Day) (Year) 3 12 54 |
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|-----------------------|----------------------------------|--|--|--|---------------------------|--------------------------|---------------------------|-------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 26, 1886 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 12 HRS. Hours | IF UNDER 1 MIN. Min. |
|-----------------------|----------------------------------|--|--|--|---------------------------|--------------------------|---------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) LaBelle, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John T. Holmes | 13b. MOTHER'S MAIDEN NAME Henrietta Fladler | 14. NAME OF HUSBAND/OR WIFE Clarence H. Holmes |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. #1 | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence H. Holmes | ADDRESS NO. 5501 High Dr., K.C. 13 |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 4 weeks |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic meningitis | | 3402 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Staphylococci, streptococci DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Feb 19 1954**, to **March 12, 1954**, that I last saw the deceased alive on **March 12, 1954**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE F. G. Kettner | (Degree or title) M.D. | 23b. ADDRESS Kansas City, Mo. | 23c. DATE SIGNED 3/15/54 |
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|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-15-54 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 3-15-54 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. | ADDRESS K.C. MO. |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

10:90
Drs. Davis, McChaulson & Ketterer
Professional Bldg.
Rm. 2892

TOD

10:00 to 12:00 today

APR 16 1954

MAY 5 1954

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.....
Eugene T. Kern

Licensed Embalmer No. 46
P. O. Address.....
Kern

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.