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FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12012

Registrar's No. 1746

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <i>Kansas City,</i>	c. LENGTH OF STAY (in this place) <i>86 Days</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City, 8158</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>West Park Rest Home 3940 McGee St. K.C.Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>2828 N. 47 Place</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Adaline</i> b. (Middle) <i>Inza</i> c. (Last) <i>Crooks</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 17, 1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>August 16, 1880</i>
9. AGE (In years last birthday) <i>73</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 4 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Her Self</i>	11. BIRTHPLACE (State or foreign country) <i>Welborn, Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			

13a. FATHER'S NAME <i>Thomas Crooks</i>	13b. MOTHER'S MAIDEN NAME <i>Julia A. Farnsworth</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. R.H. Little 1810 Grandview Blvd. K.C.K.</i>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mitral Stenosis</i>		<i>2 yrs.</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Past Infection.</i>		<i>Unknown.</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senile Dementia.</i>			<i>1 yr.</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 *1 March, 1954*, to *17 April, 1954*, that I last saw the deceased alive on *17 April, 1954*, and that death occurred at *11:52* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wallace H. Graham</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>578 Argyle Bldg.</i>	23c. DATE SIGNED <i>19 April '54</i>
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24a. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/20/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Quindaro Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>
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DATE REC'D BY LOCAL REG. <i>4-19-54</i>	REGISTRAR'S SIGNATURE <i>Geroldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Echternacht FUNERAL HOME 1318 QUINDARO BLVD. KANSAS CITY 2, KANSAS</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Edw. A. ...  
518 Greylock Bl.

**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 *Harold E. Bektornack*

Licensed Embalmer No. 3035

P. O. Address *H. E. Hansen*

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.