

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12105**
1793

FILED MAY 6 1954

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>7 weeks</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH MEDICAL CENTER</u>		e. STREET ADDRESS (If rural, give location) <u>3261 WARWICK</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u>	b. (Middle) <u>W.</u>	c. (Last) <u>JACKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 20 54</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JANUARY 25, 1881</u>
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	9. AGE (In years last birthday) <u>72 73</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>TEXAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>W.M. JACKSON</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>524-28-2282</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JACK POOL</u>	ADDRESS <u>K.C. Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis - pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection -</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5701</u>

19a. DATE OF OPERATION <u>April 19, 1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Toxic paralytic ileus - cholecystomy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 April 14, 1954 to Apr 20, 1954 that I last saw the deceased alive on Apr 20, 1954 and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23. SIGNATURE OF REGISTRAR <u>W. Morris Ginsberg M.D.</u>	23b. ADDRESS <u>420 Prof Bldg -</u>	23c. DATE SIGNED <u>4-21-54</u>
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24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>	24b. DATE <u>4-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNNY LAKE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>OKLAHOMA CITY, OKLA</u>
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DATE REC'D BY LOCAL REG. <u>4-21-54</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL HOME OR OTHER PLACE WHERE FUNERAL SERVICES TO BE HELD <u>QUINN & JOHNSON CO.</u>	ADDRESS <u>K.C. Mo.</u>
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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 *Glenn E. [unclear]*.....

Licensed Embalmer No. *40*.....

P. O. Address *K. C.*.....

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.