

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12372

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5575		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give town) Grandview,		c. LENGTH OF STAY (In this place) 10 Months		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City,		815 ¹⁰ 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview Restorium Grandview, Missouri				d. STREET ADDRESS (If rural, give location) 1330 Quindaro Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Alice		c. (Last) Severy		4. DATE OF DEATH (Month) (Day) (Year) April 28, 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 12, 1866	
9. AGE (In years last birthday) 87		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Her Self		11. BIRTHPLACE (State or foreign country) Lominstler, Massachusetts		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Martin W. Stratton			13b. MOTHER'S MAIDEN NAME Mary J. Litchfield			14. NAME OF HUSBAND OR WIFE William H. Severy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. George S. Wilson		ADDRESS K.C.K.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. sigmoid Carcinoma Colon				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490 X H				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 24, 1954 to April 28, 1954, that I last saw the deceased alive on April 27, 1954, and that death occurred at 12:30 m., from the causes and on the date stated above.							
23a. SIGNATURE (Dress or title) Sam D. Hooper, M.D.				23b. ADDRESS Grandview, Mo.		23c. DATE SIGNED April 28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/28/54		24c. NAME OF CEMETERY OR CREMATORY Maple Wood Cemetery		24d. LOCATION (City, town, or county) (State) Emporia, Kansas	
DATE REC'D BY LOCAL REG. 4/29/54		REGISTRAR'S SIGNATURE Dwight G. Goddard		498-0		25. FUNERAL DIRECTOR'S SIGNATURE Echternacht FUNERAL HOME 1318 QUINDARO BLVD. KANSAS CITY 2, KANSAS	

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
Student Embalmer

Signed

Harold L. Eckert

Licensed Embalmer No. 3035

P. O. Address

St. Charles

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.