

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18911  
State File No. 2448

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2448

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City 25400	c. LENGTH OF STAY (In this place) 25 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Menard Medical Center		e. STREET ADDRESS (If rural, give location) 8607 Wilson 3058	
3. NAME OF DECEASED (Type or Print) a. (First) Kay b. (Middle) E. c. (Last) Fisher	4. DATE OF DEATH (Month) (Day) (Year) May 31 1954		
5. SEX M 0	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Aug. 24, 1911 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life when it ended) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and State or Foreign Country) Hardin, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ray C. Forbes	13b. MOTHER'S MAIDEN NAME Bertha Kunze	14. NAME OF HUSBAND OR WIFE Mrs. Ruth T. Forbes K.C.M.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 496-09-9281	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth T. Forbes Kansas City, Mo.	
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) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis Diabetes Mellitus 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 few hrs. few mos. sev. yrs. General Epi.  260X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 May 1, 1954 to May 31, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 8:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Cecil M. Kohn MD (Degree or title)	23b. ADDRESS 630 Perry Bldg.	23c. DATE SIGNED 6/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/13/54	24c. NAME OF CEMETERY OR CREMATORY Lorelock Cem.	24d. LOCATION (City, town, or county) (State) Hardin, Mo.
DATE REC'D BY LOCAL REG. 6-1-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Geo C. Carson ADDRESS Indep. Mo.	

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 *Larissa E. Brown*

Licensed Embalmer No. *472*

P. O. Address *Indep.*

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.