

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19109

State File No. _____

FILED JUL 12 1954.

2498

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

I. 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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 11 days	c. CITY OR TOWN Merriam
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 5024 Merriam Dr.		815' 0" G	
3. NAME OF DECEASED (Type or Print) a. (First) Victoria b. (Middle) Rhoda c. (Last) Pfost			4. DATE OF DEATH (Month) (Day) (Year) May 31, 1954.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 17, 1870.
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days 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
11. BIRTHPLACE (City and State or Foreign Country) Ballard Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Y. Hendricks		13b. MOTHER'S MAIDEN NAME Jane Irwin	14. NAME OF HUSBAND OR WIFE Jacob Pfost
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ona F. Young
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS 5024 Merriam Rd. Merriam Kansas	
*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) Fracture R femur		INTERVAL BETWEEN ONSET AND DEATH 5-21-54	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		few days	
DUE TO (b) Pneumonia		few hours	
DUE TO (c) Cardiac failure			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Merriam Johnson Kansas
21d. TIME OF INJURY 5-21-54 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell on bathroom floor
22. I hereby certify that I attended the deceased from 5-21, 1954, to 5-31, 1954, that I last saw the deceased alive on 5-30, 1954, and that death occurred at 3 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. Atcheson M.D.		23b. ADDRESS 3850 Prospect	23c. DATE SIGNED 6-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 6-3-54		REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster
			ADDRESS Kansas City Mo.

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

Wm 6110

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 *J. Virgil Her...*
Licensed Embalmer No. 359

P. O. Address *J. C. A...*

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.