No. 300
10.48

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27145

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3880

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 38 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MENORAH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 7304 CAMPBELL STREET 3918

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. ELLA
b. (Middle): ISABEL
c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 7 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 29, 1891
9. AGE (In years last birthday): ~~64~~ 63 — 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): CO-OWNER
10b. KIND OF BUSINESS OR INDUSTRY: ENGLISH DECORATOR SHOP
11. BIRTHPLACE (City and State or Foreign Country): DE KALB COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JOHN C. HAYWARD
13b. MOTHER'S MAIDEN NAME: MOLLIE YEAGER
14. NAME OF HUSBAND ~~OR WIFE~~: CARL G. CLARK DECEASED

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.: 495-20-4541
17. INFORMANT'S SIGNATURE OR NAME: CARL E. CLARK — ADDRESS: 7304 CAMPBELL ST. 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, asthenia, 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)	Intra-ventricular Hemorrhage, Cerebral	21 hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertension	4 yrs.
DUE TO (c)	Arteriolar nephrosclerosis	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Adhesive Pericarditis; Rt Hydro + Pylonephritis chronic	446X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/3/49, *to* 8/7/54, *19*___, *that I last saw the deceased alive on* 8/7/54 *19*___ *and that death occurred at* 1:10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold Passman (Degree or title) Harold Passman MD
23b. ADDRESS: 701 E 63 ST
23c. DATE SIGNED: 8/9/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG-10-1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~: MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 8-10-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons, Kansas City, Mo. — ADDRESS: 1331 BRUSH CREEK

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. #9

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.