

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27614

State File No. _____

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1022 Registrar's No. 3292

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) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 25 yrs. c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General #2 Sen. Hoef. #2 e. STREET ADDRESS (If rural, give location) 1510 E. 12th. 31680

3. NAME OF DECEASED a. (First) Goldie b. (Middle) _____ c. (Last) Pilcher 4. DATE OF DEATH (Month) (Day) (Year) 7 10 54

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 1911 9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) / French Camp, Miss. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Pilcher 13b. MOTHER'S MAIDEN NAME Mary Clark 14. NAME OF HUSBAND OR WIFE _____

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 ADDRESS Mary Pearson 1411 E. 11th. K.C.

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Cardio Vascular Disease INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES with Failure

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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 443X
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 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) _____ 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 7-9-54 to 7-10-54, 1954, that I last saw the deceased alive on 7-10-54, at 1:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Print name or title) _____ 23b. ADDRESS 600 E. 22nd 23c. DATE SIGNED 7-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-13-54 24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery 24d. LOCATION (City, town, or county) (State) K. C. Mo.

DATE REC'D BY LOCAL REG. 7-13-54 REGISTRAR'S SIGNATURE Geraldine Smith FUNERAL DIRECTOR'S SIGNATURE Stuebing Pillsbury ADDRESS 1212 1/2 rd K.C. Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD E. Frank Ellis MD

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 *Laurence A. Jones*.....

Licensed Embalmer No. *444*.....

P. O. Address *1212 Vine St. Mo.*

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.