

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30739**  
**4088**

FILED SEP 24 1954

BIRTH NO. _____		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Grandview</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>13301 Thirteenth Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>Sherwood</u> c. (Last) <u>MOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 54</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>July 13, 1881</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Printing</u>		11. BIRTHPLACE (City and State, or foreign Country) <u>Providence R. I.</u>			
13a. FATHER'S NAME <u>(unknown) Matt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Nella Mott</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-01-9632</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nella Mott Grandview Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute thrombosis left coronary artery - anterior descending.</u> ANTECEDENT CAUSES <u>Acute myocardial infarct - mural thrombosis.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Acute pulmonary edema pneumonia - diffuse.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>3 days</u> <u>3 days</u>	
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 <u>Sept. 1953</u> , to <u>Aug 23, 1954</u> , that I last saw the deceased alive on <u>Aug 23, 1954</u> , and that death occurred at <u>6:15 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William L. Doane</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Grandview, Mo.</u>		23c. DATE SIGNED <u>8-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT MORIAH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON Co. Mo</u>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>Lealdine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. GEORGE + SONS Grandview, Mo</u>			

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

DEC 8 1955

JUN 19 1955

JUN 21 1955

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 Richard E. George

Licensed Embalmer No. 395

P. O. Address Belton, TX

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.