

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37315
Registrar's No. 5173

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062

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		c. LENGTH OF STAY (in this place) 12 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Edward		e. STREET ADDRESS 570 Charlotte	3038 D

3. NAME OF DECEASED a. (First) Edward b. (Middle) c. (Last) Clarkson			4. DATE OF DEATH (Month) (Day) (Year) 10 31 1954		
5. SEX 2 male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 9-9-1871	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sheridan County, Missouri	
12. CITIZEN OF WHAT COUNTRY? America					

13a. FATHER'S NAME Roy Clarkson		13b. MOTHER'S MAIDEN NAME Sylvia Smith		14. NAME OF HUSBAND OR WIFE UNKNOWN	
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 Beatrice Strawder, neice 2609 Montgall	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial pneumonia		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			525x
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary fibrosis. DUE TO (c)			

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)		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) (Min.)		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 10-18-54, 1954, to 10-31-54, 1954, that I last saw the deceased alive on 10-31-54, 1954, and that death occurred at 7:55p m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Mills		(Degree or title) MD		23b. ADDRESS MD 600 East 22nd Street		23c. DATE SIGNED 11-3-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/9/54		24c. NAME OF CEMETERY OR CREMATORY K. C. College of Dates		24d. LOCATION (City, town, or county) (State) 2117 Judge K. C. Mills	
DATE REC'D BY LOCAL REG. 11-9-54		REGISTRAR'S SIGNATURE neve minshall		25. FUNERAL DIRECTOR'S SIGNATURE Bishop + Jones			

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 *Lawrence A. Jones*
Licensed Embalmer No. *44*

P. O. Address *2302 6th*
K.C. 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.