

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41370

State File No. _____

FILED DEC 22 1954

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 226

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 Rural Prairie Township		c. LENGTH OF STAY (In this place) 5 da.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit 7000	
		d. STREET ADDRESS (If rural, give location) R # 3	

3. NAME OF DECEASED (Type or Print)	a. (First) Blanche	b. (Middle) Jane	c. (Last) Arturo	4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1894	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. Min. 60
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Winthrop, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frank Arturo
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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 Mrs. Mary Wilson 1935 Myrtle
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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, asthma, 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) Cerebral Vascular Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____		
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 443 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 30, 1954, to Dec 4, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Hesser MD	23b. ADDRESS 1212 W. Truman	23c. DATE SIGNED 12-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Ceme	24d. LOCATION (City, town, or county) (State) Kansas City
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DATE REC'D BY LOCAL REG. Dec. 7, 1954	REGISTRAR'S SIGNATURE NO [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

HEP 2-2-1954

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
Student Embalmer

Signed

John B. [Signature]
Licensed Embalmer No. 2455-
P. O. Address 1800 [Address]

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 this body is not embalmed, fact should be so, stated above.