

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4994

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 688

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. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) SIX YEARS  
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME STREET ADDRESS (If rural, give location) 101 E WINTHROPE R.D.

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) E c. (Last) NORTH 4. DATE OF DEATH (Month) (Day) (Year) FEB 12 1955

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MARCH 29 1973 9. AGE (In years last birthday) 81 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) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) MT VICTORY, OHIO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SILA'S SCHETZER 13b. MOTHER'S MAIDEN NAME CATHERINE DICKERSON 14. NAME OF HUSBAND OR WIFE Malcolm J. NORTH

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. NONE 17. INFORMANT'S SIGNATURE OR NAME MRS. O.F. DAHL ADDRESS 101 E. WINTHROPE RD. KANSAS CITY MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Encephalomalacia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - hypertensive  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 332X

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 Jan 1, 1954, to Feb. 12, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edson C. Carrier (Degree or title) \_\_\_\_\_ 23b. ADDRESS 242 Plaza Hotel Bldg 23c. DATE SIGNED 2/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE FEB 15 1955 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. 2-15-55 REGISTRAR'S SIGNATURE Neve Minshall 25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.

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

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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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KP 4th*

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.