

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5165

620

|   |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b>   |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |  | c. LENGTH OF STAY (in this place)<br><b>15 yrs.</b>  |  | c. CITY OR TOWN <b>Kansas City</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION<br><b>3121 McGee</b>  |  |  |  | STREET ADDRESS (If rural, give location)<br><b>3121 McGee</b>  |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>JEANNETTE</b>   |  |  | a. (First)                                     |  | b. (Middle)                                |  | c. (Last)  |   |  |
| 4. DATE OF DEATH<br><b>Feb. 9, 1955</b>   |  |  | 5. SEX <b>Female</b>                           |  | 6. COLOR OR RACE <b>White</b>              |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> |   |  |
| 8. DATE OF BIRTH<br><b>Jan. 30, 1867</b>  |  |  | 9. AGE (to years last birthday)<br><b>88</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____ |  | IF UNDER 24 HRS.<br>Hours _____ Min. _____                               |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY              |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Riddlesburg, Pennsylvania</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>            |  |
| 13a. FATHER'S NAME<br><b>David Park</b>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Laird</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Fred Weeks</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  |  | 16. SOCIAL SECURITY NO.<br><b>none</b>         |  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>David A. Park, 3121 McGee, K. C., Mo.</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>33 1/2</b> |  |
| 19a. DATE OF OPERATION  |  |  | 19b. MAJOR FINDINGS OF OPERATION               |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)<br><b>Natural</b>  |  | 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) (m.)  |  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |  |  |  |  |   |  |
| 23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)   |  |  |  | 23b. ADDRESS<br><b>1034 Rio Rio Bldg</b>   |  | 23c. DATE SIGNED<br><b>2-10-55</b>   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>2-10-55</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Olathe, Kansas</b>   |  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>2-10-55</b>  |  | REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>STINE &amp; McCLURE UND. CO.</b>  |  | ADDRESS<br><b>K.C.MO.</b>  |  |   |  |

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 *Elmer D. Tipler* .....

Licensed Embalmer No. *4811*

P. O. Address *Kansas City, 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.