

STANDARD CERTIFICATE OF DEATH

State File No. **18719**
Registrar's No. **2300**

FILED JUN 22 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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) 8 YEARS	d. Is 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 Trinity Lutheran Hospital		5. STREET ADDRESS (If rural, give location) 810 GLEED TERRACE 3518	
3. NAME OF DECEASED a. (First) BESSIE		b. (Middle) WILMA	
c. (Last) Howorth		4. DATE OF DEATH (Month) (Day) (Year) JUNE 2, 1955	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 1, 1876
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE RETIRED 44 YRS		10b. KIND OF BUSINESS OR INDUSTRY TRINITY LUTHERAN HOSP.	11. BIRTHPLACE (City and State or Foreign Country) Logan OHIO
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Will Howorth	
13b. MOTHER'S MAIDEN NAME L. B. CLINE		14. NAME OF HUSBAND OR WIFE -----	
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. -----	
17. INFORMANT'S SIGNATURE OR NAME Ralph Cline		ADDRESS 9739 SAGAMORE RD KANSAS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 90% hite fract. at face and Extensive laceration of face 33 days ANTECEDENT CAUSES leg Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Nervous Prostration 30 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition 30 days.		19a. DATE OF OPERATION Apr 23, 1955	
19b. MAJOR FINDINGS OF OPERATION Fracture & Lacerations		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) Apr 23, 1955	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW AND BY WHOM INJURED But by her gunning (own)	
22. I hereby certify that I attended the deceased from June 1, 1955 , to 6-2 , 19 55 that I last saw the deceased alive on 6-2 , 19 55 and that death occurred at 8:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE M. B. Casebolt MD		23b. ADDRESS 4000 Baltimore Ave No MD	
23c. DATE SIGNED 6-3-55		24a. BURIAL OR CREMATION; REMOVAL (Specify) REMOVAL	
24b. DATE JUNE 3 1955		24c. NAME OF CEMETERY OR CREMATORY -----	
24d. LOCATION (City, town, or county) (State) FORT SCOTT KANSAS		DATE REC'D BY LOCAL REG. 6-3-55	
REGISTRAR'S SIGNATURE new Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S SONS	
ADDRESS K.C. Mo.		ADDRESS BRUSH CREEK BLVD	

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 Billie Kessel.....

Licensed Embalmer No. 469

P. O. Address K.C.M.

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.