

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18941
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2128

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 65 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 38 2726 BENTON BLVD

3. NAME OF DECEASED (Type or Print)
a. (First) ALICE b. (Middle) MAY c. (Last) SAILORS
4. DATE OF DEATH (Month) (Day) (Year) JUNE 3, 1955

5. SEX FEMALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH MARCH 2, 1866 9. AGE (In years last birthday) 89 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY A+ HOME 11. BIRTHPLACE (City and State or Foreign Country) / HERKIMER COUNTY, NEW YORK 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME SEYMOUR RICHARDS 13b. MOTHER'S MAIDEN NAME ROSINA SWARTHOUT 14. NAME OF HUSBAND OR WIFE ABRAHAM LINCOLN Sailors

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 Miss NINA GRIFFITH ADDRESS 2726 BENTON BLVD. KANSAS CITY, MO.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with auricular fibrillation 4 days
DUE TO (c) arteriosclerotic Heart Disease
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

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 7, 1945, to June 3, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR Elsie A. Erickson, D.O. (Degree or title) 23b. ADDRESS 3734 Prospect Ave 23c. DATE SIGNED 6/3/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE JUNE 6, 1955 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG. 6-6-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS SONS ADDRESS 1331 BRUSH CREEK BLVD. K.C. MO.

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 *Jesse T. Deuss*.....

Licensed Embalmer No. *443*.....

P. O. Address *7 Avenue*.....

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.