

FILED NOV -10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33293**Registrar's No. **4691**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4691</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>				10. STREET ADDRESS (If rural, give location) <u>1205 Lydia 316 D</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>KIRK</u> b. (Middle) <u>Maurice</u> c. (Last) <u>Howell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30, 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 15, 1947</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME REDACTED			13b. MOTHER'S MAIDEN NAME <u>Juanita Howell</u>		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) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Juanita Howell</u> ADDRESS <u>1205 Lydia</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastrointestinal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Leukemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2044</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>10-27</u> , 1955, to <u>10-30</u> , 1955, that I last saw the deceased alive on <u>10-30</u> , 1955, and that death occurred at <u>8:50 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mercy Hospital</u>		23c. DATE SIGNED _____			
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>Nov. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>			
DATE REC'D BY LOCAL REG. <u>11-1-55</u>		REGISTRAR'S SIGNATURE <u>neve Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Beaumont Home (St. Pauline)</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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..... *Anna P. Wattles*

Licensed Embalmer No. *45*

P. O. Address *18th Per*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ()
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.