

FILED APR 11 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 35 yrs.		e. STREET ADDRESS (If rural, give location) 5125 Swope Parkway	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle)	c. (Last) Melluish
4. DATE OF DEATH (Month) (Day) (Year) 3 25 1956			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10 March 1868
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 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) Osawatimie, Kansas
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Richard Sexton		13b. MOTHER'S MAIDEN NAME Annie Elizabeth Unk.	14. NAME OF HUSBAND OR WIFE Ambrose W. Melluish
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nell Melluish, 5117 Wyandotte, K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia	
		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip		29040 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 29 1956 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fall in home			
22. I hereby certify that I attended the deceased from Feb. 29, 1956 , to March 25, 1956 , that I last saw the deceased alive on March 25, 1956 , and that death occurred at 10:10 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns M.D.		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 3-26-1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 3/27/56	
24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 3-27-56		REGISTRAR'S SIGNATURE Neva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLORE UND. CO.		ADDRESS 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 *J. S. Walton*.....

Licensed Embalmer No. *224*

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.