

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16585

State File No.

2054

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place township) 50 yrs.		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 35 E. 53rd St. Terr.				STREET ADDRESS (If rural, give location) 35 E. 53 rd. st. terr.				3748	
3. NAME OF DECEASED (Type or Print) Carolyn			a. (First)		b. (Middle) Baker		c. (Last) Sears		
4. DATE OF DEATH May 9, 1956		4. DATE (Month) (Day) (Year)		4. DATE OF DEATH May 9, 1956		4. DATE (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 7, 1883			
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours			
IF UNDER 2 HRS. Mins.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Topeka Kansas			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Baker		13b. MOTHER'S MAIDEN NAME Caroline Wade		14. NAME OF HUSBAND OR WIFE Clarence D. Sears			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of States of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Clarence D. Sears		ADDRESS 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) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 5 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart Disease							
		DUE TO (c) —							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —						4:00	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 2-7 , 19 55 , to 5-9 , 19 56 that I last saw the deceased alive on 5-1 , 19 56 and that death occurred at 9:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Hester J. Wilson				(Degree or title) MD		23b. ADDRESS 411 Nichols Rd KC		23c. DATE SIGNED 5-10-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5/11/56		24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 5-11-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Stine & Mc Clure		ADDRESS K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Jester J. Wilson
411 Nichols Blvd. - Ju. 1-2233
Res. 605 W. 50th St. - No. 1-7725
will be in office after 1 P.M. Thurs.

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. *274*

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.