

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27284

State File No.

FILED AUG 16 1956

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>132</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 OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>8 months</u>		c. CITY OR TOWN <u>BRANDVIEW</u>		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>6601 East 137th St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Emma</u>		c. (Last) <u>Clapp</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>29</u>		(Year) <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 23 - 1892</u>	
9. AGE (In years last birthday) <u>83</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOMEMAKER</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Upson FENCE</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY M. Key</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL A. CLAPP</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS INEZ BOYLES GRADVIEW, Mo.</u> ADDRESS _____			
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) <u>PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Pneumococcus infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>				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) _____ 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 <u>10-29, 1955</u> , to <u>7-29, 1956</u> , that I last saw the deceased alive on <u>7-28, 1956</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Wilson M.D.</u>				23b. ADDRESS <u>Jackson County Mo.</u>		23c. DATE SIGNED <u>7-30-56</u>	
24a. BURIAL, CREMATION, OR TOMB (Specify) <u>Burial</u>		24b. DATE <u>Aug. 1, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK Cem. Kansas City, Missouri</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>7-30-1956</u>		REGISTRAR'S SIGNATURE <u>N. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newman</u>		ADDRESS <u>St. Mo.</u>	

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4258

P. O. Address KC Mo.

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 this body is not embalmed, fact should be so stated above.