

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17180

State File No. \_\_\_\_\_

2040

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>12 Years</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location) <b>2942 Baltimore</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GRACE</b>	b. (Middle) <b>Leona</b>	c. (Last) <b>LEONARD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 24, 1957</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>April 2, 1896</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner &amp; Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Rooming House</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Uriah, Missouri</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John W. Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Crump</b>	14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-38-2800</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edward J. Barnett, Cawker City, Kansas</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cerebral Hemorrhage</b>		<b>24 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio Vascular Disease</b> DUE TO (c) _____		<b>3 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>443 X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 4 Jan, 1957, to 24 April, 1957, that I last saw the deceased alive on Apr. 24, 1957, and that death occurred at 8:00A m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>James W Downey MD</b>	23b. ADDRESS <b>Kansas City, Missouri</b>	23c. DATE SIGNED <b>4/29/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>4/25/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Glasco Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Glasco, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>4-30-57</b>	REGISTRAR'S SIGNATURE <b>Herb Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JOS.A. BUTLER'S SONS</b>	ADDRESS <b>K.C.K</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD James W. Downey



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.....

Licensed Embalmer No. 3426 Mo.

P. O. Address Kansas City, Ka

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.