

28299

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 30 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3747

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| 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, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. | | Length of stay in lb 56 yrs | d. STREET ADDRESS 2518 Lister (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) FRANCIS A. MANSFIELD | | | 4. DATE OF DEATH Aug 9 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH August 8, 1901 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Laundry Supply | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13. FATHER'S NAME George E. Mansfield | | | 14. MOTHER'S MAIDEN NAME Della M. Welch | | |
| 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. 499-16-5804 | 17. INFORMANT Address Mrs Jean Mansfield 2518 Lister K. C. Mo. | | |

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|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Birochopneumonia, Bilateral | | INTERVAL BETWEEN ONSET AND DEATH 49ix |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) | | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour 11:30 AM Month, Day, Year | |

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|--|---|---|------------------------------------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Kansas City, Mo. | COUNTY | STATE |
| 21. I attended the deceased from August 2, 1957 to August 9, 1957 and last saw her alive on Aug 9, 1957 Death occurred at 11:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) H. A. Underwood, M.D. | | 22b. ADDRESS 5100 E. 24th K. C. Mo | 22c. DATE SIGNED 8/10/57 | |

| | | | | |
|--|-----------------------------|---|--|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-12-57 | 23c. NAME OF CEMETERY OR CREMATORY St Mary's Cemetery | 23d. LOCATION (City, town, or county) Kansas City, Mo. | (State) |
| 24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home 1800 E. Linwood | | 25. DATE RECD. BY LOCAL REG. 8-10-57 | 26. REGISTRAR'S SIGNATURE Neva Minshall | |

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
H. A. Underwood

(Licensed Embalmer's Statement on Reverse Side)



W H E Yund
5100 E 24
Dec 1-8818

after 2:30 PM

VS
DEC 29 1980

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. H. Meyer
Licensed Embalmer No. 2990
K

P. O. Address

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.