

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32012

STATE FILE NUMBER

4443

FILED OCT 9 1957

Registration District No. 189 Primary Registration District 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>Kansas</b> b. COUNTY <b>Crawford</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Walnut</b> <sup>8 1/2 S</sup>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>			Length of stay in lb <b>2 Wks</b>		d. STREET ADDRESS <b>Walnut</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Gladys</b> Middle <b>McCormick</b> Last <b>McCormick</b>				4. DATE OF DEATH Month <b>9</b> Day <b>23</b> Year <b>1957</b>					
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>10-19-1891</b>		9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Lady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Mchc.</b>		11. BIRTHPLACE (City and state or country) <b>Burlingame Kans.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13. FATHER'S NAME <b>Martin Lund</b>				14. MOTHER'S MAREN NAME <b>Mary Nancy Dunbar</b>					
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>500-38-0892</b>		17. INFORMANT <b>Mr. Harold Hille, Los Angeles Calif.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>								INTERVAL BETWEEN ONSET AND DEATH <b>331 X</b>	
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)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Month, Day, Year a. m. p. m.									
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		COUNTY		STATE	
21. I attended the deceased from <b>Sept. 7, 1957</b> to <b>Sept. 23, 1957</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Sept. 23, 1957</b> Death occurred at <b>8:50 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>B. I. Burns, M.D.</b>				22b. ADDRESS <b>24th &amp; Cherry</b>				22c. DATE SIGNED <b>9-24-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>SEP-24-57</b>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>WALNUT KANSAS</b>			
24. FUNERAL DIRECTOR ADDRESS <b>D.W. Newcomer Sons Kan. City Mo</b>				25. DATE RECD. BY LOCAL REG. <b>9-24-57</b>		26. REGISTRAR'S SIGNATURE <b>Reva Minshell</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
000-56  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. ATTENTION - If any diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. ATTENTION - If any

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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 *Robert Ray*

Licensed Embalmer No. 41

P. O. Address K.C., Mo.

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.