

# STANDARD CERTIFICATE OF DEATH

 State File No. **26418**  
**3483**

FILED SEP 1 1951

BIRTH NO. _____		REG. DIST. NO. <b>398</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Clay County 0248</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>unknown</b> b. COUNTY <b>unknown</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, North</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>unknown 0248</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>North End of Truman Bridge</b>				d. STREET ADDRESS (If rural, give location) <b>unknown</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>unknown</b>		b. (Middle) <b>unknown</b>		c. (Last) <b>unknown</b>	
5. SEX <b>MO</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>unknown</b>		8. DATE OF BIRTH <b>about 52</b>	
9. AGE (In years last birthday) <b>52</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>9</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>known</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Coroner's Office, K. C. Mo.</b>			
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) <b>Unknown - Pathologic</b>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>drowning - body found</b> DUE TO (c) <b>in Mo. River, Advance Decomposition</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>123 69298 42</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>unknown</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>River</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>unknown</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>app. 7-30-51</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>unknown</b>		21f. HOW DID INJURY OCCUR? <b>Probable Drowning</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>O. S. Pate CORONER</b> (Degree or title) <b>O. S. Pate M.D. Coroner</b>				23b. ADDRESS <b>North Kansas City, Mo.</b>		23c. DATE SIGNED <b>8/14/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-14-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>County Home Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-14-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. W. Newcomer North Kansas City</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

no 4120.

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 \_\_\_\_\_

*was not Embalmed.*

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Glenn H. Hill*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Quonset, R.I.*

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.