

STANDARD CERTIFICATE OF DEATH

1272

State File No.

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 262

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 (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>50 YEARS</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3958 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRESIDENT GARDENS 8242 VIRGINIA AVENUE</u>			d. STREET ADDRESS (If rural, give location) <u>PRESIDENT GARDENS 8242 VIRGINIA AVENUE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADRIAN</u>		b. (Middle) <u>J.</u>	c. (Last) <u>DELYAUX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 15, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR 11, 1866</u>	9. AGE (In years last birthday) <u>87</u>	10. IF UNDER 1 YEAR Months <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHEF-RETIRED 13 YRS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BALTIMORE HOTEL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FRANCE</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ISADORE DELVAUX</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ELEANOR DELVAUX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ELEANOR DELVAUX</u> ADDRESS <u>8242 VIRGINIA AVE. KANSAS CITY, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerotic disease yrs.</u> DUE TO (c) <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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>Dec. 15, 1954</u> to <u>1-15, 1954</u> , that I last saw the deceased alive on <u>Dec. 15, 1954</u> and that death occurred at <u>5:00 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. R. Jippman</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>9124 E. 50th Hwy</u>		23c. DATE SIGNED <u>1-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 18 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>1-18-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. J. Newcomer's Sons</u> ADDRESS <u>1371 GRAIN CROWN BLDG. KANSAS CITY, MISSOURI</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FR 228108

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 Basil V Honey

Licensed Embalmer No. 47214

P. O. Address Wahland, 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.