

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22126**
3069

FILED AUG 12 1955

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wabette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 10 hours	c. CITY OR TOWN Parsons	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Inter City Viaduct		STREET ADDRESS (If rural, give location) 2217 Appleton	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Louise c. (Last) Fontelroy			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1955		
5. SEX 3 Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) never married D	8. DATE OF BIRTH June 5, 1931	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		10b. KIND OF BUSINESS OR INDUSTRY Beauty Parlor	11. BIRTHPLACE (City and State or Foreign Country) Parsons, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Albert Fontelroy	13b. MOTHER'S MAIDEN NAME Esther Braden	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 510-32-9027	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Fontelroy- Parsons, Kansas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (b) Basal Skull Fracture (a) DUE TO (b) massive cerebral Hemorrhage ANTECEDENT CAUSES (a) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT OR SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Inter City Viaduct	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 1955 2:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Traffic 2 cars collided

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 L.M. Hillman (Degree or title) Deputy Coroner	23b. ADDRESS 1618 Lydia Ave	23c. DATE SIGNED 7/18/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/23/55	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
		24d. LOCATION (City, town, or county) (State) Parsons, Kansas

DATE REC'D BY LOCAL REG. 7-19-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Badeau, Appleton & Jones, Inc. K.C., Mo.
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WRITE PLAINLY—USING UNWRADING BLACK INK—MAKE A PERMANENT RECORD
L.M. Hillman, M.D. Deputy Coroner

AUG 12 1952

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..... *Conrad J. Gady B.*

Licensed Embalmer No. 494

P. O. Address *K. S. h.*

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.