

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **33815**  
 Registrars No. **4464**

4837

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4464

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AmeriRoyal Bldg</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>717 Miami St.</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Hubert</u> b. (Middle) <u>Fielding</u> c. (Last) <u>Fielding</u>   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-49</u>   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   | 8. DATE OF BIRTH <u>Feb. 24, 1900</u>                     |
| 9. AGE (in years last birthday) <u>49</u>   |                               | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wilson &amp; Co.</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>   |                               | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>   |   |
| 13a. FATHER'S NAME <u>James Fielding</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Mary "Unknown"</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>Maudie Fielding</u>  |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>   |   |
| 16. SOCIAL SECURITY NO. <u>Unknown</u>  |                               | 17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Mathis</u> ADDRESS <u>706 Miami St. P.C.K.</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                               | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably Coronary Occlusion</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> |   |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION <u>No Relative to Signs but found</u>  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>   |   |
| 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) _____   |                               | 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 _____, 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 <u>Hugh H. Owens</u> (Degree or title) <u>Coroner</u>  |                               | 23b. ADDRESS <u>1034 Oak St Bldg</u>  |   |
| 23c. DATE SIGNED <u>10-18-49</u>  |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |   |
| 24b. DATE <u>10-18-1949</u>   |                               | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>   |   |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Notu Daniels Parish</u> ADDRESS <u>1526 Minn Ave</u>  |   |
| DATE REC'D BY LOCAL REG. <u>10-19-49</u>  |                               | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>  |   |

Kansas City Kansas

MAY - 3 1950

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Blaine E. Walker*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4015*.....

P. O. Address *1337 Monitor*.....

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.