

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13322

1725

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. 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>Mo</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>18 da</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <i>"Rural"</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteo. Hosp. 11th &amp; Harrison</b>		d. STREET ADDRESS (If rural, give location) <b>8712 Smart</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Clara</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Waters</b>	(Month) <b>4</b>	(Day) <b>13</b>	(Year) <b>50</b>

5. SEX <b>Fem</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5/9/1892</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
----------------------	-------------------------------	--	-------------------------------------	--	---------------------------	-------------------------	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>-- Younger</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Camilla</b>	14. NAME OF HUSBAND OR WIFE <b>Arthur Waters</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>324-22-3026</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Arthur Waters</b>	ADDRESS <b>8712 Smart</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>442*</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b>		
	DUE TO (c) <b>Cardio Vasculor Renal Syndrome</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Pneumonia + Peritonitis.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 Mar 23, 1950, to April 13, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 6:40 AM., from the causes and on the date stated above.

23a. SIGNATURE <b>James A. De Renna</b>	(Degree or title) <b>DO.</b>	23b. ADDRESS <b>929 Bryant Building</b>	23c. DATE SIGNED <b>4-13-50</b>
--	---------------------------------	--	------------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/18/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. KANS.</b>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>4-15-50</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Sheil</b>	ADDRESS <b>K. C., Mo.</b>
--	--	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

30 08  
0

**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

Richard E. Carroll

Student Embalmer No. 368

working under my personal supervision.

Student Richard E. Carroll  
Student Embalmer

Signed John P. Smith  
Licensed Embalmer No. 3257

P. O. Address P. O. Me

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.