

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2043A**
2525BIRTH 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 MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 3 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY "Rural"		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			d. STREET ADDRESS (If rural, give location) 511 ARLINGTON 0480X		
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) E. c. (Last) ROOT			4. DATE OF DEATH (Month) (Day) (Year) JUNE 3, 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 25-1889	9. AGE (In years last birthday) Months Days 60 YEARS	10. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) TOPENA KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY FICKE		13b. MOTHER'S MAIDEN NAME CAROLYN PIEPER		14. NAME OF HUSBAND OR WIFE CALVIN ROOT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CALVIN ROOT 511 ARLINGTON AVENUE		
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial degeneration. Heart failure ANTECEDENT CAUSES Coronary - Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 44 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 June 1st, 1950 to June 3rd, 1950 that I last saw the deceased alive on June 2nd, 1950 and that death occurred at 1:16 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE B.A. POORMAN M.D. (Degree or title)			23b. ADDRESS 919 Rialto Blvd		23c. DATE SIGNED 6/5/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 6-1950	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG 6-6-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. W. Newman's Sons 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.