

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16517  
2326

FILED JUN 15 1951

|   |                               |  |   |   |   |   |       |
|---|-------------------------------|--|---|---|---|---|-------|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____   |       |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |   |       |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>  |                               | c. LENGTH OF STAY (In this place)<br><u>25 years</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>4447 College</u>                  |       |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>   |                               |  |   | 3608  |   |   |       |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Elsie</u>  |                               | b. (Middle) <u>D.</u>  |   | c. (Last) <u>Faxon</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>5 29 51</u>                             |       |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>   | 8. DATE OF BIRTH <u>April 5, 1896</u>                             | 9. AGE (In years last birthday) <u>55</u>   | IF UNDER 1 YEAR Months  | IF UNDER 12 HRS. Days   | Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Linotype operator</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>K. C. Star</u>   |   | 11. BIRTHPLACE (State or foreign country)<br><u>LaCross Wisconsin</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A</u>                                      |       |
| 13a. FATHER'S NAME<br><u>Henry Door</u>   |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Piffer</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>  |   |   |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>X</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Ida Britton Rose #1</u>  |   | ADDRESS<br><u>Unica, Michigan</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, asthma, etc. It means the disease, injury, or complication which caused death.                               |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute hepatic failure</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Far advanced thyrotoxicosis</u><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Fr. of right hip</u> |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>25-20</u>                                |       |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |       |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Home</u>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Kansas City, Jackson, Mo.</u>   |   |   |       |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>5 29 51</u>   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?<br><u>Fall</u>   |   |   |       |
| 22. I hereby certify that I attended the deceased from <u>May 27, 1951</u> to <u>May 29, 1951</u> , that I last saw the deceased alive on <u>May 29, 1951</u> , and that death occurred at <u>4:05P. m.</u> , from the causes and on the date stated above. |                               |  |   |   |   |   |       |
| 23a. SIGNATURE<br><u>B. I. Burns, M.D.</u>  |                               |  |   | 23b. ADDRESS<br><u>24th &amp; Cherry</u>  |   | 23c. DATE SIGNED<br><u>5-31-51</u>  |       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                               | 24b. DATE<br><u>June 1, 1951</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Hill Cemetery</u> |   | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u> |   |       |
| DATE REC'D BY LOCAL REG.<br><u>5-31-51</u>  |                               | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>WILKS FUNERAL HOME 2315 Linwood K.C. 3 Mo</u>  |   |   |       |

(Licensed Embalmer's Statement on Reverse Side)

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

*in steel*

**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 *Chas E. Welles*

Licensed Embalmer No. *9644*

P. O. Address *W.C.M.D.*

-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.