

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16678
2029

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 Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 30 Yrs		d. STREET ADDRESS (If rural, give location) 514 Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No.1			

3. NAME OF DECEASED (Type or Print) a. (First) Camee b. (Middle) _____ c. (Last) McCormick			4. DATE OF DEATH (Month) (Day) (Year) 5 10 51		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH January 6 1870	9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____
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) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Alexander Boyd	13b. MOTHER'S MAIDEN NAME Sarah Cartmeal	14. NAME OF HUSBAND OR WIFE A.R. McCormick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Claud L. McCormick ADDRESS Kansas City, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 90 30
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General debility and senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fracture right hip			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 21 51 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall
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22. I hereby certify that I attended the deceased from **Feb. 22, 19 51** to **May 10, 19 51**, that I last saw the deceased alive on **May 10, 1951**, and that death occurred at **12:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 5-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 5-11-51	REGISTRAR'S SIGNATURE M. Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Mail

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 *Gene Clark*

Licensed Embalmer No. *4216*

P. O. Address *K. G. 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.
