

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26764
Registrar's No. 3279

BIRTH NO. 26806-51 REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002

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. LENGTH OF STAY (In this place) life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2

d. STREET ADDRESS (If rural, give location) 3632 Drury Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) SHERRY
b. (Middle) Veronica
c. (Last) COSTLEY ARRINGTON

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 7 1951

5. SEX FEMALE 3

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0

8. DATE OF BIRTH JUNE 4 1951

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 IF UNDER 24 HRS. Days 8 Mins. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME ROSIE ARRINGTON

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSIE ARRINGTON 3632 Drury Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANOXEMIA

ANTECEDENT CAUSES DUE TO (b) ASPIRATION PNEUMONIA

II. OTHER SIGNIFICANT CONDITIONS ECCHYMOTIC HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH 76³⁰

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4-51, to 6-7-51, that I last saw the deceased alive on 6-7-51 and that death occurred at 12:10A m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title)

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 6-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 6-19-51

24c. NAME OF CEMETERY OR CREMATORY Field Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 8-1-51 Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm A. Holmeyer 11 C 740

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wm A. Schuyler

Signed.....
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address.....

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.