

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

37597

4817

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>KANSAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3508	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3510 Woodland Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3421 Kenwood Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bruce</u>			b. (Middle) _____		c. (Last) <u>Squire</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>MAY 1-1865</u>		9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Stop if retired) <u>FARMER Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>COON RAPIDS, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Squire</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Moffett</u>		14. NAME OF HUSBAND OR WIFE <u>May B Squire</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. A. Rockelman</u> ADDRESS <u>3421 Kenwood</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure terminal</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic pneumonia</u>					
		DUE TO (c) <u>Senility</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>				493X	
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 <u>March, 1951, to Nov, 1951</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Nov 9, 1951</u> , and that death occurred at <u>11:55 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James E. Griffin, Jr.</u> (Degree or title) _____				23b. ADDRESS <u>3833 Paseo KCMO</u>		23c. DATE SIGNED <u>11/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>11-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONI</u>		24d. LOCATION (City, town, or county) (State) <u>KAN. CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>11-10-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u>		ADDRESS <u>1001 Kansas City, Mo.</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4568

P. O. Address 150, 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.