No. 300
10.48

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

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8320

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1036

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1308 Indiana

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3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): A.
c. (Last): Crum

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-3-4-1874
9. AGE (In years last birthday): 77 | If under 1 year: Months | Days | If under 24 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: Housewife
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Napolean B. Morris
13b. MOTHER'S MAIDEN NAME: Sarah Josephine —
14. NAME OF HUSBAND OR WIFE: Frank Crum

15. WAS DEATH EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Don Cameron
ADDRESS: K.C.K.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left sided heart failure — 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) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: _____
DUE TO (c) Inanition — INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of left hip intertrochanteric

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City, Jackson, Mo.
21d. TIME OF INJURY (Month) 2 (Day) 23 (Year) 52 (Hour) _____ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall in room

22. *I hereby certify that I attended the deceased from* Feb. 23, *19* 52, *to* Mar. 3, *19* 52, *that I last saw the deceased alive on* Mar. 3, *19* 52, *and that death occurred at* 9:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE B. I. Burns (Degree or title) — B. I. Burns, M.D.
23b. ADDRESS: 24th & Cherry
23c. DATE SIGNED: 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-5-1952
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): K.C. Kansas.

DATE REC'D BY LOCAL REG.: 3-5-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Leo N. Long
ADDRESS: KC Kans.

(Licensed Embalmer's Statement on Reverse Side)

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. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N 10 K.C.

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.