

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12865**
1753

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 102	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) Kansas City		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 3310 Virginia		
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) A.		c. (Last) Drew
4. DATE OF DEATH (Month) (Day) (Year) 4 15 52		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-17-77		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Toledo, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Perry		13b. MOTHER'S MAIDEN NAME Katherine Wilberton
14. NAME OF HUSBAND OR WIFE Emil A. Drew		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Emil A. Drew, 3310 Virginia, K. C., Mo.		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.		19. INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes		2. ANTECEDENT CAUSES DUE TO (b) Nephrosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Pulmonary congestion		
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 April 9, 1952 , to April 15, 1952 , that I last saw the deceased alive on April 15, 1952 , and that death occurred at 5:47A m. , from the causes and on the date stated above.		
23a. SIGNATURE B.I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 4-15-52
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-17-52		24c. NAME OF CEMETERY OR CREMATORY St. Mary's
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		24e. DATE REC'D BY LOCAL REG. 4-17-52		24f. REGISTRAR'S SIGNATURE Seraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, Kansas City, Mo.		25. FUNERAL DIRECTOR'S ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

the manager

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *J. A. Payne*
Licensed Embalmer No. *3999*
P. O. Address *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.