

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12891**
1605

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>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Fremont</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>30 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamburg</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hazelwood Home 322 Prospect</u>				d. STREET ADDRESS (If rural, give location) <u>8 X</u>			
3. NAME OF DECEASED (Type or Print) <u>MAUDE</u>		a. (First) <u>MAUDE</u>		b. (Middle) <u>NOKE</u>		c. (Last) <u>FORD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>May 14 - 1879</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homework</u>		11. BIRTHPLACE (State or foreign country) <u>Parkville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Robert B Engleman</u>		13b. MOTHER'S MAIDEN NAME <u>Paulene Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u> <u>R. B. Ford D.S.P. Ford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R. B. Engleman</u>		ADDRESS <u>Parkville</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the uterus</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u> <u>1747</u>	
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 21, 1952</u> , to <u>April 8, 1952</u> , that I last saw the deceased alive on <u>April 8, 1952</u> , and that death occurred at <u>6:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John K. Caldwell MD</u> (Degree or title)				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>4/8/52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkville</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG <u>4-8-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u>		ADDRESS <u>Parkville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Dr Caldwell
1036 Angile Blvd
12 May 1968

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, ~~and~~ _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.