

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13157**
1406
Registrar's No.

FILED APR 26 1952

BIRTH NO. 15060 REG. DIST. NO. 149 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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 3922 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3922 Garfield			

3. NAME OF DECEASED (Type or Print) a. (First) DAPHNE (BABY) b. (Middle) DIANE c. (Last) THRALLS			4. DATE OF DEATH (Month) (Day) (Year) March 22, 1952		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH March 2, 1952		9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months 3 Days 21	
IF UNDER 1 YEAR Hours 2 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME Vance Thralls		13b. MOTHER'S MAIDEN NAME Patsy Ellen Wright		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vance Thralls, 3922 Garfield, KC 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH 2 75.31
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Terminal Pneumonitis autopsy finding			
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) (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 3/2, 1952, to 3/22, 1952, that I last saw the deceased alive on 3/19, 1952, and that death occurred at 8:45 A m., from the causes and on the date stated above.

23a. SIGNATURE Herbert V. Davis (Degree or title)			23b. ADDRESS 411 Nichols Kef. KC Mo		23c. DATE SIGNED 3/23/52
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 3/25/52	24c. NAME OF CEMETERY OR CREMATORY White Chapel Garden		24d. LOCATION (City, town, or county) (State) North Kansas City, Mo.

DATE REC'D BY LOCAL REG 3-25-52		REGISTRAR'S SIGNATURE Seralpine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Herbert Davis
411 Nichols Road
C. 0152

5130

Estimated
\$ 7.00
at 11.00

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

John Clark

Licensed Embalmer No. _____

4216

P. O. Address _____

K. B. 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.