

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

16372

State File No. 2381

No. 300  
10.48

FILED JUN 13 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay 0241		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) North Kansas City 1		
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 3101 Swift X		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) ROSE		b. (Middle) ANN		c. (Last) CHISHOLM
4. DATE OF DEATH (Month) (Day) (Year) 5 22 52				
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH 10-4-1895	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 12 Wks. 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 At Home		11. BIRTHPLACE (State or foreign country) England 4
12. CITIZEN OF WHAT COUNTRY? 7				
13a. FATHER'S NAME William Brown		13b. MOTHER'S MAIDEN NAME Mary Shearing		14. NAME OF HUSBAND OR WIFE Edward S Chisholm
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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lloyd McClure Leavenworth, Kansas
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) Cerebral-Vascular Accident INTERVAL BETWEEN ONSET AND DEATH 48 HOURS ANTECEDENT CAUSES DUE TO (b) Hypertension OVER 3 YRS DUE TO (c) Arterio sclerosis UNKNOWN II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NEPHROSCLEROSIS 331X		
19a. DATE OF OPERATION NONE		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)		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 MAY 20, 1952, to MAY 22, 1952, that I last saw the deceased alive on MAY 22, 1952, and that death occurred at 2:20 A. M., from the causes and on the date stated above.				
23a. SIGNATURE Robert H. Hodge		23b. ADDRESS 1801 1/2 Swift North Kansas City, Missouri		23c. DATE SIGNED MAY 23, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-22-52		24c. NAME OF CEMETERY OR CREMATORY -
24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas				
DATE REC'D BY LOCAL REG. 5-26-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sexton Funeral Chapel - Leavenworth, Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1952

SEP 10 1953

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 C. Lipton*

Licensed Embalmer No. .... 3003

P. O. Address Leavenworth, Kansas

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.