

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16743

State File No.

2079

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| 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> <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>34-8</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>30 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | 45 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3002 Madison</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> | | b. (Middle) | | c. (Last) <u>Sayers</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 1 52</u> | |
| 5. SEX <u>Female</u> <u>3</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | | 8. DATE OF BIRTH <u>2-25-'83</u> | |
| 9. AGE (In years last birthday) <u>69</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Burbon County, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> | |
| 13a. FATHER'S NAME <u>John Glenn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Johnson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Eli Sayers</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah Graham Mound City, Kansas</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary congestion & edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac hypertrophy</u> DUE TO (c) <u>Hypertension</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>443X</u> | |
| 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) (m.) | | 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>4-18-52</u> , 19 <u>52</u> , to <u>5-1-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-1-52</u> , 19 <u>52</u> , and that death occurred at <u>5:22 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. Frank Slite</u> (Type or Print) <u>Slite</u> | | | | 23b. ADDRESS <u>600 East 22nd Street</u> | | 23c. DATE SIGNED <u>5-5-52</u> | |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u> <u>5</u> | | 24b. DATE <u>5/6/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill, Kansas</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>5-6-52</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wethers Bros. 18th & Benton</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.....

Signed *Bruce L. Watkins*

Signed.....
Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.