

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24342**

FILED AUG 4 1952

BIRTH NO. **50189** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3167**

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

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) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukie Hospital		d. STREET ADDRESS (If rural, give location) 6531 Northern X	

3. NAME OF DECEASED (Type or Print) a. (First) JOEL	b. (Middle) LEON	c. (Last) AMES	4. DATE OF DEATH (Month) (Day) (Year) July 13 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH July 12, 1952	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs.: Days) (Hours) (Min.) 1
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Leon W. Ames	13b. MOTHER'S MAIDEN NAME Rosae Childers	14. NAME OF HUSBAND OR WIFE Infant
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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 Leon W. Ames	ADDRESS 6531 Northern Indy Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coleman's		INTERVAL BETWEEN ONSET AND DEATH 7695
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia		
	DUE TO (c)		
11. 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 type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 12, 1952** to **July 13, 1952**, that I last saw the deceased alive on **July 13, 1952** and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Cameron Marshall	23b. ADDRESS 2011 Plaza Theatre Bldg. 10th St. Kansas City Mo.	23c. DATE SIGNED July 14, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Missouri
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DATE REC'D BY LOCAL REG. 7-14-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Hilke Funeral Home	ADDRESS 2315 Winwood
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by

not embalmed

working under my personal supervision.

Student Embalmer No.

Signed

Chas E. Wilkes

Signed.....
Student Embalmer

Licensed Embalmer No.

2644

P. O. Address

H O 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.