

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24702**  
**3091**

S. No. 300  
REV. 10-48

**AUG 4 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)		
a. COUNTY <b>JACKSON</b>			a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>40 YRS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>1013 FOREST</b>		
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		<b>6. (Year)</b>
a. (First) <b>SARAH</b>			b. (Middle) <b>TREVETT</b>		c. (Last) <b>TREVETT</b>
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widow</b>	<b>8. DATE OF BIRTH</b> <b>7-25-1869</b>		<b>9. AGE</b> (In years last birthday) <b>82</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>INDIANA</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>JOHN J. THOMPSON</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>TOBITHA THOMAS</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Walter B. Trevett</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Florence Platt</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>			<b>2 Days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Vascular Accident</b>			<b>5 Days</b>
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>3 1/2</b>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> to <u>July 4, 1952</u>, that I last saw the deceased alive on <u>July 4, 1952</u>, and that death occurred at <u>8:30 p.m.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>J. D. Bennett</b> (Degree or title) <b>MD</b>			<b>23b. ADDRESS</b> <b>Prof. Seldg Kansas City, Mo</b>		<b>23c. DATE SIGNED</b> <b>7-7-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>7-7-52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Washington</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>7-7-52</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Heraldine Holmes</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>STINE &amp; MC CLURE</b>	
				<b>ADDRESS</b> <b>KANSAS CITY, MO.</b>	

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

