.S. No. 300
EV. 10.48

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

24768
State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5872 Registrar's No. 120

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prarie
c. LENGTH OF STAY (in this place): 11 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital Infirmary

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 2826 Forest 3428
d. STREET ADDRESS (If rural, give location): Kansas City

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle): —
c. (Last): Berg

**4. DATE OF DEATH** (Month) (Day) (Year): July 3, 1952

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): single
**8. DATE OF BIRTH**: June 18, 1869
**9. AGE** (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (City and State or Foreign Country): Milwaukee, Wisc.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Records of Jackson Co Hosp, Indep 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) Heat Exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Senility
DUE TO (c) E9319 46

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Decubitus Ulcer

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-1-52, 19__, *to* 7-3-52, 19__, *that I last saw the deceased alive on* 7-2-52, 19__, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John C. Blumenschein, M.D.
**23b. ADDRESS**: Independence, Mo
**23c. DATE SIGNED**: 3 July 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 7/5/52
**24c. NAME OF CEMETERY OR CREMATORY**: Mt Calvary
**24d. LOCATION** (City, town, or county) (State): Kansas City Kan

**DATE REC'D BY LOCAL REG.**: 7-5-52
**REGISTRAR'S SIGNATURE**: Donald C. Earnshaw 378-0
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: W B Langsford Lees Summit Mo

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3833

P. O. Address _____

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.