

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

4153

FILED OCT 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2309 Park Ave</u>		3. DATE OF DEATH (Month) (Day) (Year) <u>9 21 52</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Prominent</u>				4. NAME OF DECEASED			
a. (First) <u>LUVENIA</u>		b. (Middle) _____		c. (Last) <u>BURTON</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 22, 1892</u>		9. AGE (In years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (State or foreign country) <u>Pilot Grove, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jack Grishy</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie</u>		14. NAME OF HUSBAND OR WIFE <u>Ben. Burton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben. Burton</u>		ADDRESS <u>2309 Park</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		ANTECEDENT CAUSES				* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	
DUE TO (b) <u>Compound comminuted fracture of the upper third of the left femur</u>		DUE TO (c) <u>of the 5</u>				II. 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 checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-23-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor</u>			
22. I hereby certify that I attended the deceased from <u>8-21</u> , 19 <u>52</u> , to <u>9-21</u> , 19 <u>52</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>9-21</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. V. Miller MD</u>				23b. ADDRESS <u>1211 Paseo</u>		23c. DATE SIGNED <u>Sept 22 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>20th & Blue Ridge Rd. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-22-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brigham & Jones</u> ADDRESS <u>23006-18th</u>			

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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 was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Laurence A. Jones

Signed.....

Student Embalmer

Licensed Embalmer No.....

4429

P. O. Address.....

2300 East 18th St.

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.