

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34976**  
**4465**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Everton</b>	
c. LENGTH OF STAY (in this place) <b>5 months</b>		d. STREET ADDRESS (If rural, give location) <b>Rural - 2 1/2 miles South East</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marilyn</b> b. (Middle) <b>Jane</b> c. (Last) <b>Freeze</b>	4. DATE OF DEATH <b>October 12, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>July 28, 1937</b>	9. AGE (In years last birthday) <b>15</b>	10. MONTHS <b>15</b>	11. DAYS <b>15</b>	12. HOURS <b>15</b>	13. MINUTES <b>15</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rock Island, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Leo Freeze</b>	13b. MOTHER'S MAIDEN NAME <b>Vereena Tanner</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leo Freeze</b>	17. ADDRESS <b>Everton, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute + Chronic Pyelonephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 Mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Hemorrhagic Pancreatitis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:15 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>David M. Gibson</b> (Degree or title) <b>M.D. (Pathologist)</b>	23b. ADDRESS <b>Mercy Hospital K.C. Mo.</b>	23c. DATE SIGNED <b>10/12/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>OCT-14-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>Rock Island, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>10-14-52</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Thompson</b>	ADDRESS <b>1301 BRUSH CREEK Kansas City, Missouri</b>
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(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 \_\_\_\_\_

*Chester K Brown*

Student Embalmer No. 476

working under my personal supervision.

Student *Chester K Brown*  
Student Embalmer

Signed *Edward M. Story*

Licensed Embalmer No. 4452

P. O. Address R. C. 14 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.