

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35223**

FILED NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4623**

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 2101 Park 3320	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2101 Park			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) D. c. (Last) Spiant		4. DATE OF DEATH (Month) (Day) (Year) 10-18-52	
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 29, 1879
9. AGE (In years) 73 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
15a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		11. BIRTHPLACE (City and State or Foreign Country) Arkansas	

13a. FATHER'S NAME Martin Dobson	13b. MOTHER'S MAIDEN NAME Katie	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. Spiant 2101 Park

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) Acute myocarditis		INTERVAL BETWEEN ONSET AND DEATH 4 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocarditis DUE TO (c) Acute nephritis		
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 NO	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NO

22. I hereby certify that I attended the deceased from **8-12-1952** to **10-18-1952**, that I last saw the deceased alive on **10-18-52**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Henry B. Lyons (Degree or title)	23b. ADDRESS M.D. 1605 - E - 18th St. 10-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-1952
24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 10-22-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shaham Bur. 2304 Vine
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(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.	the underlying cause last.		DUE TO (c)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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 no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Kansas City Jackson Mo	21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 8-12-50 to 10-18-52 , that I last saw the deceased alive on 10-18-52 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE Henry B. Lyons (Degree or title)	23b. ADDRESS M.D. 1605 - E - 18th St. 10-21-52		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-52	24c. NAME OF CEMETERY OR CREMATORY Highland Cem	24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D BY LOCAL REG. 10-22-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shaham Bur 2304 Vine		

(Licensed Embalmer's Statement on Reverse Side)

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. _____

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.

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 *Rev. B. L. Graham*

Licensed Embalmer No. *25110*

P. O. Address *2304 Wood 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.

1952-35223