

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1952

State File No. **35254**
4726 4816
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (if this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>619 Forest Ave 3158</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>619 Forest Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>P</u>	c. (Last) <u>Tracy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18 1895</u>	9. AGE (In years last birthday) <u>57</u>	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) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Marshall MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Proston Tracy</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Lula E Tracy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>494-14-4044</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lula E. Tracy 619 Forest KC MO</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Myocardial Degeneration and Myocardial Infarction</u> ANTECEDENT CAUSES <u>Myocardial Infarction</u> Morbidity 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 <u>4201</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1952</u> to <u>Oct 26, 1952</u> , that I last saw the deceased alive on <u>10-26, 1952</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. P. Thompson</u> (Degree or title)		23b. ADDRESS <u>3500 E 27th</u>		23c. DATE SIGNED <u>10-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIDGE PARK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall MO</u>		
DATE REC'D BY LOCAL REG. <u>10-28-52</u>	REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Passarino Bros</u>		ADDRESS <u>11 CMO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

John R. Sullivan
27 Cleveland

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 *John R Sullivan*
Licensed Embalmer No. *45-31*

P. O. Address *12 CMO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.