

STANDARD CERTIFICATE OF DEATH

State File No. **35371**

FILED OCT 16 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 167

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 Kennett Rural Blue Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Emergency Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 19, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman	10b. KIND OF BUSINESS OR INDUSTRY Wabash RR	11. BIRTHPLACE (City and State or Foreign Country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James R. Page	13b. MOTHER'S MAIDEN NAME Mary Driscoll	14. NAME OF HUSBAND OR WIFE Cora May Hastings
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Mrs. Henry Wilson, Southside Add. Lexington
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Starvation		
	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) generalized arterio sclerosis		
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 4500	20. AUTOPSY? YES <input 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) m.	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 9-11, 1952, to 9-25, 1952, that I last saw the deceased alive on 9-24, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE John C. Blumenschein, M.D.	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 25 Sept 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/25/52	24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	24d. LOCATION (City, town, or county) (State) Lexington, Mo.
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DATE REC'D BY LOCAL REG. 9/28/52	REGISTRAR'S SIGNATURE Samuel C. Egan	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Lee's Summit

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

Eugene L. Keenan

Licensed Embalmer No. *46743*

P. O. Address *Keenan, 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.