

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38518**
Registrar's No. **5036**

FILED DEC 6 1952

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|--|---|--|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>5036</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</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 (in this place) <u>17 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>706 East 29 St</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry Hugh</u> b. (Middle) <u>Atwood</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 1952</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Mar. 12 1882</u> | | 9. AGE (In years last birthday) <u>70</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass Beveler</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Crystal City Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Atwood</u> | | 13b. MOTHER'S MAIDEN NAME <u>No record</u> | | 14. NAME OF HUSBAND OR WIFE <u>No record</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-01-6856</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rev. Lillie Kline 706 East 29 St. K.C.</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lympho sarcoma</u> 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. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Six months</u> |
| 19a. DATE OF OPERATION <u>11-13-52</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Generalized lymphosarcoma</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>NATURAL</u> | 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>Oct 16, 1952</u> , to <u>Nov. 15, 1952</u> , that I last saw the deceased alive on <u>Nov. 15, 1952</u> , and that death occurred at <u>2:45P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Graham Owens M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>1034 Riello Bldg. K.C. Mo.</u> | | 23c. DATE SIGNED <u>11-17-52</u> | |
| 24a. BURIAL (CREMATION, REMOVAL, etc.) <u>Burial</u> | 24b. DATE <u>Nov. 18 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kas.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-18-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster, 918 Brooklyn Kas. C. Mo.</u> | | | |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Dean Owens

Licensed Embalmer No. 4280

P. O. Address K. C. 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.