

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38585

State File No.

5039

FILED DEC 6 1952

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

Registrar's No.

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) Kansas City		c. LENGTH OF STAY (in this place) Unk.	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 104 Holmes St.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital # 1			3038		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) Nov. 7 52		
5. SEX male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-15-80	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months Days
IF UNDER 2 HRS. Hour Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retiree		10b. KIND OF BUSINESS OR INDUSTRY State	11. BIRTHPLACE (State or foreign country) Minnesota	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None	
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. Unk.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Record Clerk: K.C. Gen Hosp. #1			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)			
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 Oct. 29 1952 , to Nov. 7 1952 , that I last saw the deceased alive on Nov. 7 1952 , and that death occurred at 10:35p.m. , from the causes and on the date stated above.					
23a. SIGNATURE B. I. Burns (Degree or title) B. I. Burns, M.D.			23b. ADDRESS 24th & Cherry Sts.		23c. DATE SIGNED 11/8/52
24a. BY WHOM CREMATION REMOVAL (Specify)	24b. DATE 11-18-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Canary	24d. LOCATION (City, town, or county) (State) Kansas City, Kan.		
DATE REC'D BY LOCAL REG. 11-18-52	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B. E. Weckert, K.C. S. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

a. m. c. l. e.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

B. E. Weiler

Signed.....
Student Embalmer

Licensed Embalmer No. *4075*

P. O. Address *K.C.S. 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.