

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5742

State File No.

508

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 Mo b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (In this place) years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION 419 Manchester

d. STREET ADDRESS (If rural, give location) 419 Manchester 3058

3. NAME OF DECEASED
a. (First) PHONAS b. (Middle) BOOKER c. (Last) BOOKER

4. DATE OF DEATH (Month) (Day) (Year) 1/24/53

5. SEX Male

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid

8. DATE OF BIRTH Wid

9. AGE (In years, last birthday) about 75 If under 1 year: Months Days If under 1 min. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wid

10b. KIND OF BUSINESS OR INDUSTRY Wid

11. BIRTHPLACE (City and State or Foreign Country) Wid

12. CITIZEN OF WHAT COUNTRY? Wid

13a. FATHER'S NAME Wid

13b. MOTHER'S MAIDEN NAME Wid

14. NAME OF HUSBAND OR WIFE Wid

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Queen Beut K. C. Mo

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) 2nd & 3rd Degree Burns
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) almost entire body
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
9:100
16

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 123

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kan City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-24-53

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? House caught fire

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)

23b. ADDRESS 1234 Bluff Blvd

23c. DATE SIGNED 1-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 1-27-53

24c. NAME OF CEMETERY OR CREMATORY MT CALVARY

24d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS

DATE REC'D BY LOCAL REG. 1-27-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Shuff K. C. Mo

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

STATEMENT BY LICENSED EMBALMER

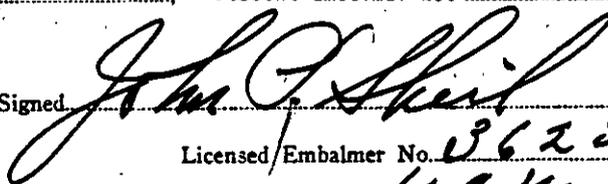
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No.

3625

P. O. Address

K. C. Va.

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.