

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

14091

FILED APR 16 1953

State File No. **1734**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1734			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton					
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.		c. LENGTH OF STAY (In this place) 20 days		c. CITY (If outside corporate limits, write RURAL and give township) Lamar		d. STREET ADDRESS (If rural, give location) 919 1/2 Gulf			
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital				d. STREET ADDRESS (If rural, give location) 919 1/2 Gulf					
3. NAME OF DECEASED (Type or Print) a. (First) Sharon b. (Middle) Louise c. (Last) Chadd			4. DATE OF DEATH (Month) (Day) (Year) 3 29 53						
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Feb. 15, 1952		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Nevada, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Donald Chadd			13b. MOTHER'S MAIDEN NAME Gladys Evelyn Jones			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Chadd, Lamar, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced Hydrocephalus				DUE TO (b) Sub-arachnoid block					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Purulent meningitis									
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				20. AUTOPSY? YES <input checked="" 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) m.		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 3-9- 19 53 , to 3-29- 19 53 , that I last saw the deceased alive on 3-29-53 , 19 53 , and that death occurred at 9:45 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE Roy F. Garrison MD (Degree or title) Roy F. Garrison				23b. ADDRESS Argyle Bldg - KCMO		23c. DATE SIGNED Mar 30, 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 30, 1953	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Sheldon Missouri				
DATE REC'D BY LOCAL REG. 3-30-53		REGISTRAR'S SIGNATURE Gertrude Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr C L Foster 918 Brooklyn					

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

ni 3725

APR 21 1953

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 Raymond G. Abner
Licensed Embalmer No. 4266

P. O. Address Kansas City

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.