

FILED APR 25 1953

STANDARD CERTIFICATE OF DEATH

State File No. **14446**
1878

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 12 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3158		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1419 East 8th Street				d. STREET ADDRESS (If rural, give location) 1419 East 8th Street				
3. NAME OF DECEASED a. (First) GRETCHEN			b. (Middle)			c. (Last) PROUT		
4. DATE OF DEATH		(Month) 4		(Day) 6		(Year) 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 1, 1898		
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apartment Manager			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Eudora, Kansas		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Douglass Smith		13b. MOTHER'S MAIDEN NAME Dora Fox		14. NAME OF HUSBAND OR WIFE H. G. Prout	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME H. G. Prout, 1419 East 8th Street		
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) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatic sclerosis DUE TO (c) Chronic alcoholism				INTERVAL BETWEEN ONSET AND DEATH hours years years 5811		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 <u>1942</u> to <u>4-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-5</u> , 19 <u>53</u> and that death occurred at <u>8:20</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE E. D. Reese (Degree or title) DO				23b. ADDRESS 3309 E 12		23c. DATE SIGNED 4-6-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/8/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Lawrence, Kansas		
DATE REC'D BY LOCAL REG. 4-7-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO.		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

300
48

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 *Clayton K. Barnes* _____

Licensed Embalmer No. *4793* _____

P. O. Address *R. 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.