

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25175**
3671
Registrar's No. _____

No. 300
10.48

DECEASED **AUG 13 1953**
BIRTH NO. _____

REG. DIST. NO. **147** PRIMARY REG. DIST. NO. **002**

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

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 town) KANSAS CITY	c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5623 OLIVE STREET		e. STREET ADDRESS (If rural, give location) 5623 OLIVE STREET 3800	
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) EARL c. (Last) SOUTH		4. DATE OF DEATH (Month) (Day) (Year) JULY 22, 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH Nov. 9, 1889
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE W. SOUTH		13b. MOTHER'S MAIDEN NAME MINNIE A. ZWANZIGER	14. NAME OF HUSBAND OR WIFE ALICE EKLUND SOUTH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W.I.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ALICE E. SOUTH, 5623 OLIVE STR., 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma lungs, Primary DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162X	
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) (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 June 22, 1953 to July 12, 1953 that I last saw the deceased alive on July 12, 1953 and that death occurred at 9:45 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Name of Doctor or Nurse) James B. Griffin, Jr.		23b. ADDRESS 3900 Paces, KCMO	23c. DATE SIGNED 7/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 25, 1953	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 7-25-53	REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Newcomer's Sons, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1953

22-4650

22-4650

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.....
Signature of Student Embalmer

Signed *Basil Honey*

Licensed Embalmer No. *4724*

P. O. Address *Ashtland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.