

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32110

State File No.

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bural, Washington Twp.		c. LENGTH OF STAY (in this place) 6 hrs.	c. CITY OR TOWN Fairway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 135th and State Line		e. STREET ADDRESS (If rural, give location) 5406 Mission Road		
3. NAME OF DECEASED (Type or Print) a. (First) HARVEY b. (Middle) MARTIN c. (Last) BLACK			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15, 1903	
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 50		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Quaker Oats		10b. KIND OF BUSINESS OR INDUSTRY Cereal Co.	11. BIRTHPLACE (City and State or Foreign Country) Lee's Summit, Missouri	
13a. FATHER'S NAME Clarence H. Black		13b. MOTHER'S MAIDEN NAME Bird Martin	14. NAME OF HUSBAND OR WIFE Kathryn K. Black	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Kathryn Black, 5406 Mission Rd. Fairway, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio 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) _____ 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 1201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 _____, 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 (Degree or title) Miss R. H. Owens Currier		23b. ADDRESS 1034 Rielle Bldg.		23c. DATE SIGNED 9-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal		24b. DATE 19-8-53	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
DATE REC'D BY LOCAL REG. 9/7/53		REGISTRAR'S SIGNATURE Dr. Annie G. Hedges	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STINE & McCLURE UND. CO. K.C. MO.	

(Licensed Embalmers' Statement on Reverse Side)

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

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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..... *J. Crowell*

Licensed Embalmer No. *490*

P. O. Address..... *KCM*

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.