

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35834

State File No. 5078

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 199 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 MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 30 YRS		3758 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION LADY OF MERCY HOME		d. STREET ADDRESS (If rural, give location) 15 5404 VIRGINIA	

3. NAME OF DECEASED a. (First) CLARA		b. (Middle) B.		c. (Last) DROMEY		4. DATE OF DEATH (Month) 10 (Day) 24 (Year) 53	
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5. SEX Fe!	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 6-6-1881	9. AGE (in years last birthday) 72	10. MONTHS 1	11. DAYS 24	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAILING CLERK		10b. KIND OF BUSINESS OR INDUSTRY DRY Goods Co.		11. BIRTHPLACE (City and State or Foreign Country) EDINA, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME WACK DROMEY		13b. MOTHER'S MAIDEN NAME ELLEN MURPHY		14. NAME OF HUSBAND OR WIFE _____			
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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. 486-10-2174		17. INFORMANT'S SIGNATURE OR NAME E.C. STICK		ADDRESS 5404 VIRGINIA K.C. MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 day	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Terminal Bronchopneumonia		DUE TO (b) Chronic Myocardial Insufficiency		5 months	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				420	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from May 27, 1953, to Oct 24, 1953, that I last saw the deceased alive on Sep 21, 1953, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Kenneth A. Davis (Degree or title) Kenneth A. Davis, M.D.		23b. ADDRESS 201 Plaza Center Bldg Kansas City, Missouri		23c. DATE SIGNED 10-24-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-26-53		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) EDINA MO.	
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DATE REC'D BY LOCAL REG. 10-24-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler		ADDRESS K.C. MO.	
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(Licensed Embalmer's 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
Student Embalmer

Signed _____

J. A. Pryn
J. A. Pryn
Licensed Embalmer No. _____
P. O. Address _____
KC 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.