

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15879**

FILE JUN 3 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2041**

1. PLACE OF DEATH
a. COUNTY **JACKSON**
b. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY MO**
c. LENGTH OF STAY (in this place) **10mo**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Beverly Hosp #2 28**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** by COUNTY **JACKSON**
c. CITY (If outside corporate limits, write RURAL and give township) **KANSAS CITY 3388**
d. STREET ADDRESS (If rural, give location) **2631 LOCKRIDGE**

3. NAME OF DECEASED (Type or Print)
a. (First) **DORSEY** b. (Middle) **L** c. (Last) **GAINES**
4. DATE OF DEATH (Month) (Day) (Year) **May 3 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **APRIL 28, 1923 (31 yrs)**
9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) **31 yrs**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mechanic**
10b. KIND OF BUSINESS OR INDUSTRY **City**
11. BIRTHPLACE (State or foreign country) **Kinsley, Kans**
12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **JOHN GAINES** 13b. FATHER'S MAIDEN NAME **NANNIE POTTIS** 14. NAME OF HUSBAND OR WIFE **NORMA GAINES**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NAVY 1942-1946**
16. SOCIAL SECURITY NO. **512-48-0794**
17. INFORMANT'S SIGNATURE OR NAME **NORMA GAINES** ADDRESS **2631 LOCKRIDGE**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Parenchymatous Nephritis**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) **Acute Bilateral Pyelitis**
DUE TO (c) **Subarachnoid Hemorrhage**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Pending Toxicology report.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? **2** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Pending** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Kansas City Jackson MO** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Pending**

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 **Deputy Coroner** (Degree or title) **1618 Lydia Ave** 23b. ADDRESS **5/5/54** 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **May 5, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Kinsley City Cem. Kinsley, Kans.** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **5-6-54** REGISTERAR'S SIGNATURE **Seraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Bella Davis** ADDRESS **1415 E. TOWN**

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

JUN 25 1958

JUN 8 1958

DEC 16 1958

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 Landis S Jackson

Licensed Embalmer No. 4850

P. O. Address K. C. [unclear]

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.