

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2023

FILED MAY 28 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 149		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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 5337 Lydia 3158			
3. NAME OF DECEASED (Type or Print) Fannie				a. (First) H		b. (Middle) Poland			
4. DATE OF DEATH 5-4-1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2			
8. DATE OF BIRTH 1-14-83		9. AGE (In years last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewerage		10b. KIND OF BUSINESS OR INDUSTRY Own Home			
11. BIRTHPLACE (City and State or Foreign Country) Cloud County Kansas		12. COUNTRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Hamlin		13b. MOTHER'S MAIDEN NAME Deborah Morgan			
14. NAME OF HUSBAND OR WIFE George Poland (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maria Margenstern, Kansas City, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Coronary Artery Thrombosis ANTECEDENT CAUSES: General Arteriosclerosis, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypodynamic Plees II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 12 hrs, yrs, 3 wks				19a. DATE OF OPERATION None				19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input checked="" 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 1949, 1949, to 5/4, 1954, that I last saw the deceased alive on 5/4, 1954, and that death occurred at _____ from the causes and on the date stated above.									
23a. SIGNATURE William Bayne Allen (Degree or title) M.D.				23b. ADDRESS Plaza Time Bldg		23c. DATE SIGNED 5/4/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Mo			
DATE REC'D BY LOCAL REG. 5-5-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Dewbehart		ADDRESS Sedalia, Mo			

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

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 *Orville*

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.