

19144

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2765

FILED JUL 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2765</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>18 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kearney</u>		d. STREET ADDRESS (If rural, give location) <u>800</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North East Restorium</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millard</u> b. (Middle) <u>Filmore</u> c. (Last) <u>Sabens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 2, 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired James gun tanning</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Informant don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Informant don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Matilda</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Walker Courtney</u> ADDRESS <u>Mo</u>				
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				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>						
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 <u>3 March, 1954</u> , to <u>16 June, 1954</u> , that I last saw the deceased alive on <u>8 June, 1954</u> , and that death occurred at <u>5:05 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D. J. Cutcliff MD</u> (Degree or title) <input checked="" type="checkbox"/>				23b. ADDRESS <u>1222 McShee K.C. Mo.</u>		23c. DATE SIGNED <u>6/19/54</u>		
24a. BURIAL OR CREMATION (Specify)		24b. DATE <u>June 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Kearney, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-19-54</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry Kearney, Mo.</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Leonard Fay
Licensed Embalmer No. 1627
P. O. Address Kearney Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.