

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27182  
State File No. 3919

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>11 Days</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location): HOSPITAL OR INSTITUTION <b>Trinity-Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2609 West 40th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Isabelle</b> c. (Last) <b>David</b>			4. DATE OF DEATH <b>8-12-1954</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-31-1874</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Davis County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <b>John Richardson</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Christie</b>		14. NAME OF HUSBAND OR WIFE <b>Bert David</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Goldie E. Watts, K.G.K.</b>			
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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			INTERVAL BETWEEN ONSET AND DEATH <b>7/3/54</b>  <b>?</b>  <b>332X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Atherosclerosis</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	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) m.	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 **7/3**, 19**54**, to **8/12**, 19**54**, that I last saw the deceased alive on **8/11**, 19**54**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. W. Young M.D.</b>	23b. ADDRESS <b>1401 S. W. Blvd K.G.K.</b>	23c. DATE SIGNED <b>8/12/54</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-13-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bartlett, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>8-13-54</b>	REGISTRAR'S SIGNATURE <b>Heralding Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>GATES FUNERAL HOME, KANSAS CITY, KANSAS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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: *Wm. J. Shelton*  
Licensed Embalmer No. 4700

P. O. Address N.C. 11, 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.