

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4742

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>54 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3616 Agnes Street</u>			e. STREET ADDRESS (If rural, give location) <u>510 3616 Agnes Street 25480</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>Elizabeth</u>	c. (Last) <u>CLEMENT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26, 1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 2 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Frank Heddleston</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Moore</u>	14. NAME OF HUSBAND OR WIFE <u>James E. Clement</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>495-05-2585</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James E. Clement - 3616 Agnes Street K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Cervix</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>		
19a. DATE OF OPERATION <u>9/10/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Cervix Biopsy</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>9/9</u> , 19 <u>52</u> , to <u>10/9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/15</u> , 19 <u>54</u> , and that death occurred at <u>10:49</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>James R. McCoy M.D.</u>			23b. ADDRESS <u>614 VI-W Bldg</u>		23c. DATE SIGNED <u>10/11/54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-12-54</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home - Kansas City, Kan.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
James R. McCoy

FILED OCT 27 1954

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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.....
Signature of Student Embalmer

Signed *Guy M. Shelton*
Licensed Embalmer No. . . 4700

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.