

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40885
5748

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5748					
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE KANSAS b. COUNTY JOHNSON							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN Mission		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 2150					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL				STREET ADDRESS (If rural, give location) 4801 FONTANA							
3. NAME OF DECEASED (Type or Print) a. (First) LINA b. (Middle) AVERY c. (Last) DAY			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 13, 1954		5. SEX FEMALE		6. COLOR OR RACE WHITE				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 3, 1904		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT DUSTRY FRED HARVEY'S		11. BIRTHPLACE (City and State or Foreign Country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME ALVA HUSTON			13b. MOTHER'S MAIDEN NAME KATE WILLIAMS		14. NAME OF HUSBAND OR WIFE TOM DAY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487-10-4157		17. INFORMANT'S SIGNATURE OR NAME Tom DAY		ADDRESS 4801 FONTANA					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholelithiasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Erysipelas DUE TO (c) Pulmonary Embolism II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 5 da. 10 min			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Gallstones - Myoma Uterus 58416						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) (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 12-5-54 to 12-13-54, that I last saw the deceased alive on 12/13, 1954, and that death occurred at 10:15 PM., from the causes and on the date stated above.		23a. SIGNATURE John H. Ogilvie		23b. ADDRESS 224 Tialto		23c. DATE SIGNED 12/16/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC-16-1954		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI					
DATE REC'D BY LOCAL REG. 12-16-54		REGISTRAR'S SIGNATURE M. N. Newcomer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 BRUSH CREEK		KANSAS CITY, MISSOURI					

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

John H. Ogilvie

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

Jose T. Deews

Licensed Embalmer No. *44*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.