

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

41153

State File No.

5497

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (In this place) 50 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 809 Pacific

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri b. COUNTY Jackson admission)
 c. CITY OR TOWN Kansas City
 d. Is Residence within limits of a city or incorporated town? Yes No
 STREET ADDRESS (If rural, give location) 809 Pacific 3033

3. NAME OF DECEASED (Type or Print)
 a. (First) Dona b. (Middle) Aldona c. (Last) Pethy
 4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1954

5. SEX Female 3 6. COLOR OR RACE Negro
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow 2
 8. DATE OF BIRTH April 9, 1885
 9. AGE (In years less birthday) Months Days If under 1 year If under 2 hrs. 69 69 0 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and State or Foreign Country) Cedar City, Mo. 0
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Isaac Adams 13b. MOTHER'S MAIDEN NAME Harriett Henderson 14. NAME OF HUSBAND OR WIFE Arthur Pethy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. none
 17. INFORMANT'S SIGNATURE OR NAME Leontine Troja Hestle ADDRESS 2714 1/2 E. 26th

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 ANTECEDENT CAUSES (b) Hypertensive Cardiac Disease 1 month
 (c) Arteriosclerosis 1 year
 II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 4201

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-8-, 1951, to 11-24-, 1954, that I last saw the deceased alive on 11-22-, 1954, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. R. Geagan (Degree or title) D.O. 23b. ADDRESS 1330 E. 28 St. 23c. DATE SIGNED 11-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 29, 1954 24c. NAME OF CEMETERY OR CREMATORY Highland 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 11-29-54 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE Wattles Bros. Funeral Home ADDRESS 1800 Benton

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.....
Signature of Student Embalmer

Signed *Bruce P. Watkins*.....

Licensed Embalmer No. *450*.....

P. O. Address *1800 South*.....

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.