

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1956

23933

STATE FILE NUMBER

2992

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

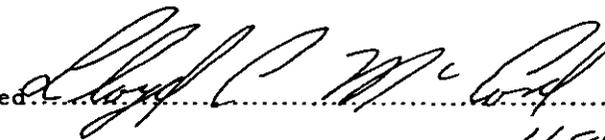
|   |                               |  |  |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                               | c. CITY OR TOWN <b>Blue Springs</b> <sup>7000</sup><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>   |                               | Length of stay in lb <b>13 Days</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Clara</b> Middle <b>Bell</b> Last <b>Rodd</b>   |                               | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>6</b> Year <b>1956</b>  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>15 Sept. 1875</b>  |
| 9. AGE (In years last birthday) <b>81</b>   |                               | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.   |  |
| 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>Housewife</b>   |  |
| 11. BIRTHPLACE (City and state or country) <b>Council Bluff, Iowa.</b>  |                               | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |  |
| 13. FATHER'S NAME <b>David M. Gray</b>  |                               | 14. MOTHER'S MAIDEN NAME <b>Mary E. Hammer</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>NO</b>  |                               | 16. SOCIAL SECURITY NO. <b>NONE</b>  |  |
| 17. INFORMANT <b>Mrs. I.R. Carter Lake Tappawingo,</b>  |                               | Address  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b><br>DUE TO (b) <b>Following Operations For Hip</b><br>DUE TO (c) <b>Fractured Hip</b> |                               |  | INTERVAL BETWEEN ONSET AND DEATH <b>29 36 44</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)  |                               |  | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Tripped over a bag in Union Sta</b>                      |  |
| 20c. TIME OF INJURY <b>8:30 a.m. 6-23-56</b>  |                               | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Union Station</b>  |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                               | 20f. CITY, TOWN, OR LOCATION <b>Kansas City</b> COUNTY <b>Jackson</b> STATE <b>MO</b>  |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |  |  |
| 22a. SIGNATURE <b>Hugh A. Queen</b> (Type or Print)   |                               | 22b. ADDRESS <b>1034 Oak Bluff</b>   |  |
| 22c. DATE SIGNED <b>7-9-56</b>  |                               | 22d. SIGNATURE <b>Reva Minshall</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                               | 23b. DATE <b>9 July 1956</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>   |                               | 23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>  |  |
| 24. FUNERAL DIRECTOR <b>Floral Hills Memorial Chapels K.C.Mo.</b>   |                               | 25. DATE RECD. BY LOCAL REG. <b>7-9-56</b>   |  |
| 26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>  |                               |  |  |

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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.....  


Licensed Embalmer No. 48

P. O. Address K.C.

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.