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STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED FEB 27 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 601

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1			Length of stay in lb 55 YEARS			d. STREET ADDRESS (If outside, give location) 1709 E. 50 Terr.	
3. NAME OF DECEASED (Type or print) Alice Mae Stone				4. DATE OF DEATH Month 2 Day 4 Year 1957			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN. 2. 1898		9. AGE (In years last birthday) 59	
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 country) WILLIAMSTOWN MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME CLYDE C. BILLUPS				14. MOTHER'S MAIDEN NAME CATHERINE FERGUSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-32-4419		17. INFORMANT Address Mrs. HAROLD C. CHAMBERS 1709 E. 50th Terr. KANSAS CITY MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse gastrointestinal hemorrhage etiology unknown DUE TO (b) Schönleins purpura DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 296X
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb. 2, 1957 to Feb. 4, 1957 and last saw her alive alive on Feb. 4, 1957 Death occurred at 4:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. I. BURRIS (Degree or title)				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 2-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL		FEB. 7. 1957	MT. OLIVET CEMETERY		KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS			ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 2-7-57		26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Raymond M. Hardy*
Licensed Embalmer No. *49*

P. O. Address *Indep.*

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