

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36189
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4501

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 5416 Tracy		Length of stay in lb 35 yrs.	d. STREET ADDRESS (If outside, give location) 5416 Tracy Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MILDRED Middle L. Last TRANOS			4. DATE OF DEATH Month Sept. Day 26 Year 1957
5. SEX Female	6. COLOR OR RACE Cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 13, 1901
9. AGE (In years last birthday) 56		F 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Burlington, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Spatch	
13b. MOTHER'S MAIDEN NAME Edna Rosnich		14. NAME OF HUSBAND OR WIFE George	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-22-5006	17. INFORMANT Address George Tranos - 5416 Tracy
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Marked atherosclerosis. DUE TO (c) Albuminuria decompensation 4222			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Kansas City COUNTY Jackson STATE Mo.	
21. I attended the deceased from Feb 13, 1950 to Sept 27, 1957 and last saw her alive on 9/14/57 Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Delon G. Williams M.D. (Degree or title) D		22b. ADDRESS 806 P. J. Bldg	22c. DATE SIGNED 9/27/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/28/57	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	23d. LOCATION (City, town, or county) (State) K. C. Mo.
24. FUNERAL DIRECTOR Melody-McGilley-Eylar ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 9-27-57	26. REGISTRAR'S SIGNATURE Neva Minshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Delon A. Williams

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part-I must be causally related.



Delon Williams

Body

11:2-4838

11 AM - 5 PM

~~*Phoned*~~

~~*Take down*~~

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 *Melvin Partlow*
Licensed Embalmer No. *4903*
P. O. Address *K C mo*

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.