

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40313
STATE FILE NUMBER
5384

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

S. 300
v. 1-57 4

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
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 Merwin	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelly Nurs. Home	Length of stay in lb 5 wks	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLOTTE Middle ELIZABETH Last EMMS			4. DATE OF DEATH Month 11 Day 12 Year 57
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-4-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) Providence, Ky.
10c. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Johnson		13b. MOTHER'S MAIDEN NAME Rebecca Hutchinson	
14. NAME OF HUSBAND OR WIFE John Franklin Emms		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. None		17. INFORMANT Address Mrs. E. V. McCullough, 717 Fremont, KCMo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Bilateral DUE TO (b) Intertrochanteric Fracture Left Femur Oct 6 57 DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Bangrene Rt foot, decubiti over sacrum			INTERVAL BETWEEN ONSET AND DEATH one week F. 9040
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bangrene Rt foot, decubiti over sacrum			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Fell in Home		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year Oct-6-57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Merwin	COUNTY Bates	STATE Mo.
21. I attended the deceased from Oct 8-57 to Nov-12-57 and last saw her alive on Nov-10-57 Death occurred at 10:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl Brust (Degree or title) MD	22b. ADDRESS 106 W 14th St K.C., Mo		22c. DATE SIGNED Nov 4-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-13-57	23c. NAME OF CEMETERY OR CREMATORY Westpoint Cemetery	23d. LOCATION (City, town, or county) (State) Merwin, Mo.
24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo	25. DATE RECD. BY LOCAL REG. 11-14-57	26. REGISTRAR'S SIGNATURE neva Marshall	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl Brust

KP
2

0900-1-0060

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 *Thomas A. Koehler*

Licensed Embalmer No. *4995*

P. O. Address *Kansas City*

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.