

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40080
5366

FILED JAN 15 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>40 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1517 Spruce Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1517 Spruce K. C. Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Crees</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>12 - 31 - 48</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/14/1869</u>	9. AGE (In years last birthday) <u>79</u>	Months <u>5</u>	Days <u>17</u>	IF UNDER 2 HRS. Hours _____	Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Penn. U.S. A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>					

13a. FATHER'S NAME <u>Joseph Kauffman</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lee J. Crees</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Shaw</u>	ADDRESS <u>1517 Spruce</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Chronic Interstitial nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3/2</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Dec 31, 1948, that I last saw the deceased alive on Dec 31, 1948, and that death occurred at 12:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Hockett, D.O.</u>	(Degree or title)	23b. ADDRESS <u>4605 Tully Ave Kansas City, Mo.</u>	23c. DATE SIGNED <u>12-31-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-31-48</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u>	ADDRESS <u>4139 East 15th, St.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

William H. Eaga

Student Embalmer No. *241*

working under my personal supervision.

Student

William H. Eaga
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. *2955-*

P. O. Address *J. C. Eaga*

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 this body is not embalmed, fact should be so stated above.