

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1129

325

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No.
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, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 5740 WARASH AVENUE		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				
3. NAME OF DECEASED (Type or Print) MRS. ALICE J		a. (First)	b. (Middle)	c. (Last) EXBY
4. DATE OF DEATH JAN. 21 - 1950				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 14 - 1906	9. AGE (In years last birthday) 43 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) INDEPENDENCE, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME FRANK BRIKEY		13b. MOTHER'S MAIDEN NAME EFFIE FANN		14. NAME OF HUSBAND OR WIFE A.C. EXBY
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. 486-07-1101		17. INFORMANT'S SIGNATURE OR NAME MR. A.C. EXBY ADDRESS 5740 WARASH AVENUE OF KANSAS CITY, MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Unknown other DUE TO (c) then progressive arterial II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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?
22. I hereby certify that I attended the deceased from Sept. 12, 1949, to Jan. 21, 1950, that I last saw the deceased alive on Dec. 10, 1949, and that death occurred at 2:30 A. M., from the causes and on the date stated above.				
23a. SIGNATURE Harold A. Pallott (Degree or title)		23b. ADDRESS 1132 Prof. Bldg. KCMU		23c. DATE SIGNED 1/22/50
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JAN. 23 - 1950		24c. NAME OF BURIAL OR CREMATORY D.W. NEWCOMER'S HOME KANSAS CITY, MISSOURI
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newcomer's Home K.C. Mo		
DATE REC'D BY LOCAL REG. 1-23-50		REGISTRAR'S SIGNATURE Geraldine Holmes		

(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.....

*Albert L. Savage*

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert L. Savage*  
Student Embalmer

Signed *Edmond M. Star*

Licensed Embalmer No. *4951*

P. O. Address *K. C. 4 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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