

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1379

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1

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) 17 YEARS		d. STREET ADDRESS (If rural, give location) 5438 WESTOVER ROAD	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) EDITH		b. (Middle) MAY		c. (Last) STRAIGHT		4. DATE OF DEATH (Month) (Day) (Year) JAN-1-1950	
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH DEC-5-1863		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.	
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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) Ohio				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME REECE ALEXANDER		13b. MOTHER'S MAIDEN NAME EMMA JOHNSON		14. NAME OF HUSBAND OR WIFE WILLARD P. STRAIGHT			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME REECE W. STRAIGHT				ADDRESS 5438 WESTOVER ROAD KANSAS CITY, MO.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>diphtheria</i>						INTERVAL BETWEEN ONSET AND DEATH 2 years	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>diphtheria</i>						15 years	
		DUE TO (c) <i>Neisseria</i>						6 weeks	
		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 440						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)	
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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	
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22. I hereby certify that I attended the deceased from June, 1949, to 1-1, 1950, that I last saw the deceased alive on 12-28, 1949, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE P. L. Byers (Degree or title) O.M.D.		23b. ADDRESS 315 ALAMEDA RD., N.C.2, Mo.		23c. DATE SIGNED 1-1-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JAN-3-1950		24c. NAME OF CEMETERY OR CREMATORY DW. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 1-1-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE P. W. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*not
working
under
supervision*

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
Student Embalmer

Signed *John C. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.