

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1950

State File No. **37005**
4670

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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY, MISSOURI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MISSOURI</u>	
c. LENGTH OF STAY (In this place) <u>40 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>504 WALLACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Linwood nursing Home</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 4 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>Hackney</u> c. (Last) <u>Downing</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 17, 1891</u>	
9. AGE (In years last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Office Clerk</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Townley Howe</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Nathaniel Hackney</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Fay O. Downing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-03-9116</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oscar Simmons</u>		ADDRESS <u>504 Wallace</u>	
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) <u>cardiac Failure</u> <u>arteriosclerotic heart disease</u> <u>arterio sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cerebral</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) (Min.) _____		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 <u>Aug 15, 1950</u> , to <u>Board of Health</u> , that I last saw the deceased alive on <u>Oct 3, 1950</u> , and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Ebo M. Mullens</u> (Degree or title) <u>Les M. Mulley M.D.</u>		23b. ADDRESS <u>3548 Indiania</u>	
23c. DATE SIGNED <u>11-5-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-6-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman & Son</u>	
DATE REC'D BY LOCAL REG. <u>11-6-50</u>		ADDRESS <u>K.C. mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

S. No. 300
v. 10.46

3008
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James E. Backleman*

Licensed Embalmer No. *4543*

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.