

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40629
5030
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) 40 yrs		d. STREET ADDRESS (If rural, give location) 633½ Campbell Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			
3. NAME OF DECEASED (Type or Print) MAMIE		a. (First) b. (Middle) c. (Last) CLAY	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 26 1950
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUGUST 25 1887
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LAWRENCE, KANSAS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME ISAIAH VINEGAR		13b. MOTHER'S MAIDEN NAME ELIZA BOLAGE	14. NAME OF HUSBAND OR WIFE Unk.
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROY TOWNSEND 633½ Campbell
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA, TERMINAL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LUMBAR SYMPLECTOMY DUE TO (c) gangrene of toe - arterio-sclerotic 2. 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 SYMPATHETIC GANGRENE	
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) (Minute)		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 10-27, 19 50, to 11-26, 19 50, that I last saw the deceased alive on 11-26, 19 50, and that death occurred at 4:40 P. M., from the causes and on the date stated above.			
23a. SIGNATURE E. Frank Ellis MD (Degree or title)		23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 11-29-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/30/50	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 11-29-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1729 Lyden	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

James Malone

Licensed Embalmer No. *3994*

Signed.....
Student Embalmer

P. O. Address *2513 Highland*

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.