

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5231

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) 10 YEARS		d. STREET ADDRESS (If rural, give location) 2212 EAST 37TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2212 EAST 37TH STREET			
3. NAME OF DECEASED a. (First) MAUDA b. (Middle) JANNIE R. c. (Last) HUTTO			4. DATE OF DEATH (Month) (Day) (Year) DEC-11-1950
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV-21-1882
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (State or foreign country) MONROE COUNTY ALABAMA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES WILSON ROBERTS		13b. MOTHER'S MAIDEN NAME MARGARET ELIZABETH PRESTON	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 428-10-0543 A	
17. INFORMANT'S SIGNATURE OR NAME MRS. GEORGE BRANTLEY		ADDRESS 1409 EAST 57 1/2 ST. TULSA OKLAHAMA	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis			
ANTECEDENT CAUSES (b) Coronary heart disease			
DUE TO (c) _____			
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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Geo. C. Keathofer (Degree or title)		23b. ADDRESS 4050 Broadway JSC 2nd	
23c. DATE SIGNED 12-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE DEC-13-1950	
24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's		24d. LOCATION (City, town, or county) (State) N. C. MO.	
DATE REC'D BY LOCAL REG. 12-12-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's		ADDRESS 133 BRUSH CREEK BLVD. KANSAS CITY, MO.	

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

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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.....

John B Lewis Jr
working under my personal supervision.

Student Embalmer No. 407

Signed John B Lewis Jr.
Student Embalmer

Signed Charles H Stickney

Licensed Embalmer No. 4560

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.