

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4782

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 630

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY**
 c. LENGTH OF STAY (in this place) **3 WEEKS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **TRINITY LUTHERAN HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MISSOURI** b. COUNTY **JACKSON**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY**
 d. STREET ADDRESS (If rural, give location) **200 WEST 68TH TERRACE**

3. NAME OF DECEASED
 a. (First) **ELIZABETH** b. (Middle) **H.** c. (Last) **HUEY**
 4. DATE OF DEATH (Month) (Day) (Year) **FEBRUARY 9 1951**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **FEB-16-1870** 9. AGE (In years last birthday) **80** If under 1 year: Months Days If under 12 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **MERIDIAN, MISSISSIPPI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JUDGE WILLIAM HARRIS HARDY** 13b. MOTHER'S MAIDEN NAME **HATTIE** 14. NAME OF HUSBAND OR WIFE **EDWIN KING HUEY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **MRS. F. VAN DOTY** ADDRESS **200 W. 68TH ST. KANSAS CITY, MO.**

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, ashenia, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **5 hours**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **arteriosclerotic heart disease** **3 years +**
 DUE TO (c) **Renovascular arteriosclerosis** **6 years +**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **4200**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan 27, 1951**, to **Feb. 9, 1951**, that I last saw the deceased alive on **Feb 9, 1951**, and that death occurred at **3:28 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Herbert Shroy** (Degree or title) **M. D.** 23b. ADDRESS **3903 Brooklyn** 23c. DATE SIGNED **2-10-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **FEB-10-1951** 24c. NAME OF CEMETERY OR CREMATORY **MARION ALABAMA** 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. **2-10-51** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **D. H. Newcomer, Jr.** ADDRESS **1931 BRUSH CREEK KANSAS CITY, MO.**

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 *Basil J. Honey*.....

Licensed Embalmer No. *4724*.....

P. O. Address *Goshland, 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.