

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20037
2581

| | | | | | | | | | | | |
|---|----------------------------------|--|---|---|---|--|---|--|--|------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>2581</u> | | | | | |
| 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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | | c. LENGTH OF STAY (In this place) <u>2 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | | 8 3520 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1904 East 19th Street</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>TOLITHA</u> | | | b. (Middle) <u>BABLES</u> | | c. (Last) <u>BABLES</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14 1951</u> | | | | |
| 5. SEX <u>FEMALE 3</u> | 6. COLOR OR RACE <u>NEGRO</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u> | | 8. DATE OF BIRTH <u>AUGUST 15 1880</u> | | 9. AGE (In years, last birthday) <u>70</u> | IF UNDER 1 YEAR Months Days | IF UNDER 1 WEEK Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>FARMERVILLE, LOUISIANA /</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | |
| 13a. FATHER'S NAME <u>TOM MASON</u> | | | 13b. MOTHER'S MAIDEN NAME <u>TOBITHA GRIFFIN</u> | | | 14. NAME OF HUSBAND OR WIFE | | | | | |
| 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>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>WILLIE BABLES</u> | | | | | ADDRESS <u>921 East 14th Street</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DEHYDRATION & MALNUTRITION</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | | | ANTECEDENT CAUSES DUE TO (b) <u>STARVATION</u> | | | | | | | |
| | | | | DUE TO (c) <u>ARTERIOSCLEROTIC & HYPERTENSIVE-CARDIO</u> | | | | | | | |
| | | | | 11. OTHER SIGNIFICANT CONDITIONS VASCULAR DISEASE GENERALIZED ARTERIOSCLEROSIS, SENILE DETERIORATION | | | | | | | |
| 19a. DATE OF OPERATION | | | | 19b. MODERNNESS OF OPERATION <u>DETERIORATION</u> | | | | 20. AUTOPSY? YES <input 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 <u>6-13</u> , 19 <u>51</u> , to <u>6-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-14</u> , 19 <u>51</u> , and that death occurred at <u>7:55 A</u> m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE <u>Frank Ellis, M.D.</u> | | | | (Degree or title) | | | | 23b. ADDRESS <u>600 East 22nd Street</u> | | 23c. DATE SIGNED <u>6-14-51</u> | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>6-19-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u> | | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANS.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>6-18-51</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY BROWN</u> | | | ADDRESS <u>1704 Tracy R.C., Mo.</u> | | |

(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.....

C. H. Countel

Signed.....
Student Embalmer

Licensed Embalmer No. *1277*

P. O. Address *Kansas City, Missouri*

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.