No. 300
10.48

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

FILED AUG 18 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26899
Registrar's No. 3226

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3820 McGee Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3518
d. STREET ADDRESS (If rural, give location): 3820 McGee Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Avery
b. (Middle): (none)
c. (Last): Ethridge

**4. DATE OF DEATH** (Month) (Day) (Year): 7-27-51

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Oct. 13, 1879
**9. AGE** (In years last birthday): 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**: Corn Prod. Ref. Co. Night Supt.
**11. BIRTHPLACE** (State or foreign country): Miland Co. Tennessee
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Unknown Ethridge
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF ~~HUSBAND~~ OR WIFE**: Mrs. Vesta Lillie Ethridge

**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.**: 486-09-8574A
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Vesta Lillie Ethridge
**ADDRESS**: 3820 McGee Street Kc. 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: no
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**: no
**19b. MAJOR FINDINGS OF OPERATION**: no
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): no
**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): no
**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* June 1, 1951, *to* July 27, 1951, *that I last saw the deceased alive on* June 1, 1951 *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: M. B. Casebolt MD
**(Degree or title)**
**23b. ADDRESS**: 4000 Baltimore K.C. Mo
**23c. DATE SIGNED**: 7/27/51.

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: July 28 1951
**24c. NAME OF CEMETERY OR ~~CREMATORY~~**: Sunset Hill Cemetery
**24d. LOCATION** (City, town, or county) (State): Granite City Illinois

**DATE REC'D BY LOCAL REG.**: 7-28-51
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: W. H. Newcomer's Sons
**ADDRESS**: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles H Stickney

Licensed Embalmer No. 4560

P. O. Address KC 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.