

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33726**

FILED NOV 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4662

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City  
c. LENGTH OF STAY (in this place) 3 1/2 years  
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

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) Kansas City  
d. STREET ADDRESS (If rural, give location) 1407 Harrison

3278  
3270

3. NAME OF DECEASED (Type or Print)  
a. (First) Estella b. (Middle) \_\_\_\_\_ c. (Last) Maxwell  
4. DATE OF DEATH (Month) (Day) (Year) 10 28 1951

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 12-3-94 1898 9. AGE (in years last birthday) 56-52

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid 10b. KIND OF BUSINESS OR INDUSTRY Mercy Hosp. 11. BIRTHPLACE (State or foreign country) Memphis, Tennessee 12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Garrett 13b. MOTHER'S MAIDEN NAME \_\_\_\_\_ 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. 496-09-7454 17. INFORMANT'S SIGNATURE OR NAME Juanita M. Davis ADDRESS 1407 Harrison

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary edema, cerebro-vascular accident  
ANTECEDENT CAUSES Hypertensive Heart Disease  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 443X

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 8-26, 19 51, to 10-28, 19 51, that I last saw the deceased alive on 10-26, 19 51, and that death occurred at 5:30 pm., from the causes and on the date stated above.

23a. SIGNATURE S. Frank Ellis (Degree or title) \_\_\_\_\_ 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 10-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 1, 1951 24c. NAME OF CEMETERY OR CREMATORY Wincoln Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 11-1-51 REGISTRAR'S SIGNATURE Geraldine Holmes Adkins 25. FUNERAL DIRECTOR'S SIGNATURE Bros. Funeral Home K.C. Mo. ADDRESS \_\_\_\_\_

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 Robert Richards IV  
Student Embalmer

Signed C. Kenneth Keefe

Licensed Embalmer No. 4437

P. O. Address 2600 Tracy Ave

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.