

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33737**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4249**

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

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 3198	
c. LENGTH OF STAY (in this place) 10 years		d. STREET ADDRESS (If rural, give location) 4123 INDEPENDENCE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelly Rest Home 4123 Independence Avenue			
3. NAME OF DECEASED a. (First) MARY		b. (Middle) JANE	
c. (Last) Mingee		4. DATE OF DEATH (Month) (Day) (Year) Oct - 4 - 1951	
5. SEX FEMALE	6. COLOR OF RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH February 29 1868
9. AGE (In years last birthday) 83	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Malcomb McRAE	13b. MOTHER'S MAIDEN NAME MARGARET	14. NAME OF HUSBAND OR WIFE E.G. Mingee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME E.W. Mingee ADDRESS 3112 LINWOOD BLVD. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic ANTECEDENT CAUSES Senile psychosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (a) II. OTHER SIGNIFICANT CONDITIONS Terminal stroke	
INTERVAL BETWEEN ONSET AND DEATH 5 yrs		4222	
19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 1951 , to Oct. 1, 1951 , that I last saw the deceased alive on Oct. 1, 1951 , and that death occurred at 9:45 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE L.E. Riller L. E. Riller, MD (Degree or title)		23b. ADDRESS 530 Prof. Bldg.	
23c. DATE SIGNED 10/5/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10-5-51	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Memphis, Tennessee
DATE REC'D BY LOCAL REG. 10-5-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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.....

Charles H. Stehney

Signed.....
Student Embalmer

Licensed Embalmer No.....

4560

P. O. Address.....

KP, 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.