

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5110

State File No. ....

FILED FEB 26 1952

707

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

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) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>21 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 1/2 - E - 18th ST.</u>		d. STREET ADDRESS (If rural, give location) <u>923 1/2 - E - 18th St x 3310</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SUDIE</u>	b. (Middle)	c. (Last) <u>LEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 1952</u>
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5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>1906</u> <u>9-13-1906</u>	9. AGE (In years last birthday) <u>44 1/2</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STORE CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STORES.</u>	11. BIRTHPLACE (State or foreign country) <u>WARREN, ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JESSE HAMILTON</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE RALLS</u>	14. NAME OF HUSBAND OR WIFE <u>JOSEPH LEE</u>
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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>492-18-5475</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOSEPH LEE 923 1/2 - E - 18th St.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) <u>" "</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>443X</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-3-52, 1952, to 2-11-52, 1952, that I last saw the deceased alive on 2-10-52, 1952, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Tapp, M.D.</u> (Doctor or title)	23b. ADDRESS <u>2204 E. 18th st.</u>	23c. DATE SIGNED <u>2-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-14-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-14-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BRADY-BROWN 1708 TRACY</u>
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(Licensed Embalmer's Statement on Reverse Side)

K.C., 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

*Laurence A. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4439*

P. O. Address *2118 East 16th St. (D)*

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.