

8431

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1319

No. 300
10-48

FILED APR 5 1952

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

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 town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) Unknown		d. STREET ADDRESS (If rural, give location) 1305 Highland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			
3. NAME OF DECEASED (Type or Print) a. (First) Tillie		b. (Middle)	
c. (Last) Jones		4. DATE OF DEATH (Month) (Day) (Year) 3 8 52	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE ?		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Richard Porter ADDRESS 1800 E. 18th Street	
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) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Hypertensive Cerebral Vascular Accident. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old 2nd degree burns of rt. legs.	
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) (Minute)		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>2-24-52</u> , 19 <u>52</u> , to <u>3-8-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3-8-52</u> , 19 <u>52</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Frank Ellis (Degree or title) MD		23b. ADDRESS 600 East 22nd Street	
23c. DATE SIGNED 3-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-52	
24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 3-21-52		REGISTRAR'S SIGNATURE Gertrude Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Esther Billie		ADDRESS 1212 Vine	

(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.....
Student Embalmer

Signed *E. Sterling Bulla*

Licensed Embalmer No. *3178*

P. O. Address *1212 W. 1st St.*

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.