No. 300
10.48

MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12098

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 458

117
1

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

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 423 So. 17th 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 3118
d. STREET ADDRESS (If rural, give location) 2411 Highland

3. NAME OF DECEASED (Type or Print) a. (First) Isreal b. (Middle) c. (Last) Sidney

4. DATE OF DEATH (Month) (Day) (Year) 4 23 1952

5. SEX Male

6. COLOR OR RACE Negro

7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed

8. DATE OF BIRTH 11 27 1868

9. AGE (In years last birthday) 83 — 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) Train Porter (Retired)

10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.

11. BIRTHPLACE (State or foreign country) Pettis County - Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Orange Sidney

13b. MOTHER'S MAIDEN NAME Jane K. Tucker

14. NAME OF ~~HUSBAND OR~~ WIFE Mrs. Eva Hughes Sidney

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. None

17. INFORMANT'S SIGNATURE OR NAME Mrs. Atcha Hurst — ADDRESS 423 So. 17th St.

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) Luetic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 023 X

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) m.

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* 1-30- *, 19*52*, to* 4-23-52 *, 19*__*, that I last saw the deceased alive on* 4-15- *, 19*52*, and that death occurred at* 12:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Orville L. Clemson M.D. (Degree or title)

23b. ADDRESS Kirkpatrick Building St. Joseph, Missouri

23c. DATE SIGNED 4-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4 26 1952

24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery

24d. LOCATION (City, town, or county) St. Joseph (State) Mo.

DATE REC'D BY LOCAL REG. April 30, 1952

REGISTRAR'S SIGNATURE Carl C. Castell

25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander — ADDRESS St. Joseph, 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 John H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.