

JUN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2278

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2278			
1. PLACE OF DEATH a. COUNTY Jackson 4				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 392K					
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give town/ship): OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION Warwick Nursing Home				d. STREET ADDRESS (If rural, give location) 2623 East 29th Street 38					
3. NAME OF DECEASED (Type or Print) a. (First) EFFIE			b. (Middle) L.		c. (Last) HOWARD		4. DATE OF DEATH (Month) 5 (Day) 18 (Year) 1952		
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 1/17/1875		9. AGE (In years last birthday) 77 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) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri 0			12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W.F. Hurley			13b. MOTHER'S MAIDEN NAME Martha Boxley			14. NAME OF HUSBAND OR WIFE Charles H. Howard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wilma Powell, 2623 East 29th, K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Gastrointestinal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart dis.						INTERVAL BETWEEN ONSET AND DEATH 4 8 hours 578X 8 years	
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 March 14, 1952, to May 18, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 11:55 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Herbert Shuey (Degree or title) Herbert Shuey M.D.				23b. ADDRESS 3903 Brooklyn			23c. DATE SIGNED 5-19-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/20/1952		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 5-19-52		REGISTRAR'S SIGNATURE Geraldine Holman			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.				

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

Mr. H. J. Casey - 3903th. Anglin
Wa 6493
2-7-37

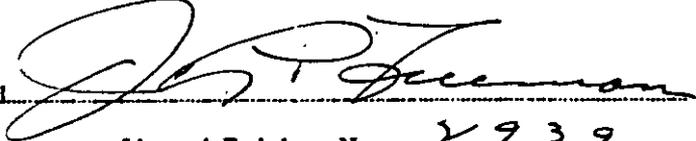
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2939

P. O. Address K. O. 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.