

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24718

State File No. _____

3071

FILED AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>7 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>21058</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4145 HARRISON STREET</u>				d. STREET ADDRESS (If rural, give location) <u>4145 HARRISON STREET</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILY</u>		b. (Middle) <u>BELL</u>		c. (Last) <u>CRUSSMANN WEBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY - 4 - 1952</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 22 - 1887</u>		9. AGE (In years last birthday) <u>64</u>	10. MONTHS <u>6</u>	11. DAYS <u>4</u>	12. HOURS <u>4</u>	13. MIN. <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <u>MARGENTACHE, LOUISIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>G. F. Walker</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET RUSSIAN</u>		14. NAME OF HUSBAND OR WIFE <u>E. B. WEBB</u>				
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>524-34-2327</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. B. Webb 4145 Harrison St. K. C. Mo.</u>				
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.								INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u>								<u>4200</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>									
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					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:35 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. C. Keelhofer</u> (Degree or title) <u>E. C. Keelhofer, Emb. Crm. 3</u>					23b. ADDRESS <u>4050 B. Bradley St. Kansas City</u>			23c. DATE SIGNED <u>7-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JULY 6 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KAUFMAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KAUFMAN TEXAS</u>			
DATE REC'D BY LOCAL REG. <u>7-6-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Newcomer's Sons Kansas City Missouri</u>				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert E. Kerson

Licensed Embalmer No. *4849*

P. O. Address. *A. P. W.*

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.