

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28106**  
Registrar's No. **3404**

FILED AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **148** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson 0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson 3414</b>	
b. CITY OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>Unknown</b>	c. CITY OR TOWN <b>Kansas City</b>	d. STREET ADDRESS (If rural, give location) <b>2611 Highland</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lydia</b> b. (Middle) _____ c. (Last) <b>Jackson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 28 52</b>		
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>1-1-75</b>		9. AGE (In years last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Orangeburg, Kentucky /</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>

13a. FATHER'S NAME <b>Sandy Woodard</b>		13b. MOTHER'S MAIDEN NAME <b>Dollie Shanks</b>		14. NAME OF HUSBAND OR WIFE <b>?</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Millie Gibson, 2611 Highland</b>		
			ADDRESS _____		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardiovascular Disease</b>		II. OTHER SIGNIFICANT CONDITIONS			443X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 **7-16-52**, 19**52**, to **7-28-52**, 19**52**, that I last saw the deceased alive on **7-28-52**, 19**52**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank E. Ellis, M.D.</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>7-28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Aug. 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City - Mo.</b>		

DATE REC'D BY LOCAL REG. <b>7-19-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. H. B. Moore</b>		ADDRESS <b>1820 E. 18th St.</b>
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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

*Lawrence A. Jones*

Licensed Embalmer No. *4429*

P. O. Address *1820 East 17th 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.