

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38700**  
**4910**

FILED NOV 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township): <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1730 Michigan Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mada</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Hancock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 7 52</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-11-90</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1000 Hrs. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Pickwick</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>America</u>		

13a. FATHER'S NAME <u>Isaac Hancock</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Rhodes</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
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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>823-12-4365</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary White, daughter,</u> ADDRESS <u>1730 Michigan</u>			
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ureteral stricture with hydonephrosis (left)</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Pyelonephritis with abscess formation</u>							
		DUE TO (c) <u>Pulmonary congestion and edema.</u>						<u>6000</u>	
		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"/>	
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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)	
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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?			
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22. I hereby certify that I attended the deceased from 10-26-52, 1952, to 11-7-52, 1952, that I last saw the deceased alive on 11-7-52, 1952, and that death occurred at 4:00 am., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Frank Ellis</u> (Name and title)			23b. ADDRESS <u>600 East 22nd Street</u>			23c. DATE SIGNED <u>11-10-52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lexington Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington MO.</u>			
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DATE REC'D BY LOCAL REG. <u>11-10-52</u>		REGISTRAR'S SIGNATURE <u>Gertrude Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. A. Appleton</u> ADDRESS <u>Jeno R. C. 200</u>					
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(Licensed Embalmer's Statement on Reverse Side)

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

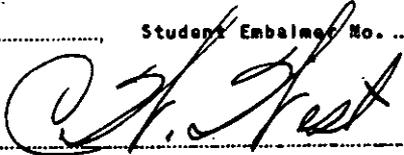
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 2710

P. O. Address HT. C - 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.