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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5116

EMER DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> ) |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Unknown</u>  |  |
| c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>                      |  | d. STREET ADDRESS (If rural, give location) <u>1601 Olive</u>  |  |

3258

|   |                               |  |  |   |   |
|---|-------------------------------|--|--|---|---|
| 3. NAME OF DECEASED<br>a. (First) <u>Beolia</u> b. (Middle) _____ c. (Last) <u>Wesley</u>               |                               |  | 4. DATE OF DEATH<br>(Month) <u>11</u> (Day) <u>20</u> (Year) <u>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>3-15-99</u>  | 9. AGE (In years last birthday) <u>53</u> | 10. UNDER 1 YEAR Months _____ Days _____    |
| 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</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>Charlie Harris</u> | 13b. MOTHER'S MAIDEN NAME <u>Katherine Washington</u> | 14. NAME OF HUSBAND OR WIFE <u>?</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>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Harold Wesley,</u> ADDRESS <u>Kansas City, Mo.</u> |
|--|----------------------------------|---|

|   |   |      |                                  |
|---|---|------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |      | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive interstitial cerebral hemorrhage</u>  |      |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Generalized arteriosclerosis</u><br>DUE TO (c) _____ |      |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>  |   | 331X |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) | 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 11-20-52, to 11-20-52, 1952, that I last saw the deceased alive on 11-20-52, 1952, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

|   |  |                                  |
|---|--|----------------------------------|
| 23a. SIGNATURE <u>E. Frank Ellis</u> (Dress or title) | 23b. ADDRESS <u>600 East 22nd Street</u> | 23c. DATE SIGNED <u>11-21-52</u> |
|---|--|----------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 24a. BURIAL CREMATION (Specify) <u>Burial</u> | 24b. DATE <u>11/23/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u> | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u> |
|---|---------------------------|--|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-22-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>George A. Green</u> ADDRESS <u>Marshall, Mo.</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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

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

Signed \_\_\_\_\_

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.