

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1406**
236

FILED FEB 14 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City	
c. LENGTH OF STAY (in this place) About 20 years		3168	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1907 E. 10th. St.		d. STREET ADDRESS (If rural, give location) 1907 E. 10th. St.	

3. NAME OF DECEASED (Type or Print) a. (First) MAXIE b. (Middle) ENDICOTT c. (Last) ENDICOTT			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1953		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 11, 1903		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Mins. _____		IF UNDER 1 YEAR: Hours _____ Mins. _____		IF UNDER 1 YEAR: Hours _____ Mins. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Wilson Packing Co.		11. BIRTHPLACE (City and State or Foreign Country) Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Ebin Endicott		13b. MOTHER'S MAIDEN NAME Hattie Brown		14. NAME OF HUSBAND OR WIFE Georgia Mae Endicott	
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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) No		16. SOCIAL SECURITY NO. 610-05-1927		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Georgia Mae Endicott - 1415 Olive	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Bronchitis				INTERVAL BETWEEN ONSET AND DEATH 526h
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 History from clinic			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) m.		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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Thos. A. Jones M.D.			23b. ADDRESS 1612 E 12th St		23c. DATE SIGNED 1/14/53
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 1/17/53		24c. NAME OF CEMETERY OR CREMATORY Quindaro Cemetery	
				24d. LOCATION (City, town, or county) (State) Quindaro, Kansas	

DATE REC'D BY LOCAL REG. 1-16-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Bills, 1212 Weir	
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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

E. Sterling Bells

Licensed Embalmer No. 3178

P. O. Address 1212 VINE

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.