

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1953

State File No. **5772**  
512

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>U27 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2552 Tracy Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hezekiah</b> b. (Middle) <b>C</b> c. (Last) <b>Cade</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 21 53</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>1-1-02</b>		9. AGE (In years last birthday) <b>51</b>		10. IF UNDER 1 YEAR Months <b>1</b> Days <b>21</b> Hours <b>53</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K C Terminal R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Camden, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13a. FATHER'S NAME <b>Hezekiah Cade</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Rilla</b>	
14. NAME OF HUSBAND OR WIFE <b>Retha Cade</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>703-03-9030</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Retha Cade</b>		18. ADDRESS <b>2552 Tracy Ave.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (b) (c)</b> <b>(6) Cerebral Arteriosclerosis</b> <b>(4) Cerebral Atrophy. (Pick's type)</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
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 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) (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 <u>12-25-52</u> , 19 <u>  </u> , to <u>1-21-53</u> , 19 <u>  </u> , that I last saw the deceased <u>alive on 1-21-53</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>E. Frank Ellis, M.D.</b>		23b. ADDRESS <b>600 East 22nd Street.</b>		23c. DATE SIGNED <b>1-22-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kansas City, Missouri</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geraldine Smith</b>		ADDRESS <b>Watkins Bldg. 18th &amp; Benton</b>	

DATE REC'D BY LOCAL REG. **1-27-53**

(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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 78<sup>th</sup> & Benton

**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.