

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6014**
1163

FILED **MAR 13 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 township) Town Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Town Kansas City		
c. LENGTH OF STAY (in this place) 22 yrs.		d. STREET ADDRESS (If rural, give location) 2630 Prospect		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2630 Prospect		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1953		
3. NAME OF DECEASED (Type or Print) Elzie Huston		a. (First)	b. (Middle)	c. (Last)
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 12, 1894
9. AGE (In years last birthday) 58		10. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (City and State or Foreign Country) Plummerville, Arkansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Elzie Huston		13b. MOTHER'S MAIDEN NAME Sophie Mullin		14. NAME OF HUSBAND OR WIFE Unknown
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. 486-03-3878		17. INFORMANT'S SIGNATURE OR NAME Robert Huston
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 (a) Septostatic Pneumonia II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Obstructive Pulmonary Disease III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 4200
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) (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 _____, 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		23b. ADDRESS 1612 E. 12th St. Kansas City, Mo.		23c. DATE SIGNED 2/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/53		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Sheraldine Smith		
DATE REC'D BY LOCAL REG. 2-25-53		ADDRESS 18th & Benton		

(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 18 1/2 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.