S. No. 300
. 10.48

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

4

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6278

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 610

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Monica Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1141 Independence Ave. 3158

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): T.
c. (Last): Searcy

4. DATE OF DEATH (Month) (Day) (Year): 1 28 53

5. SEX: Fe 1

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married D

8. DATE OF BIRTH: 11-26-~~1876~~ 1877

9. AGE (In years last birthday): 75
If under 1 year: Months ____ Days ____
If under 24 hrs: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (City and State or Foreign Country): Missouri O

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas B. Searcy

13b. MOTHER'S MAIDEN NAME: Anna E. Bullard

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME: Mr. W. H. Goldsberry
ADDRESS: Columbia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchiectasis & acute bronchpneumonia
DUE TO (c) Influenza

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
myocarditis

INTERVAL BETWEEN ONSET AND DEATH: 480 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-23-53, 19____ *to* 1-28-53, 19____, *that I last saw the deceased alive on* 1-27-53, 19____, *and that death occurred at* 12:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE W. A. Hockett M.D. **(Degree or title)** D.O.
23b. ADDRESS: Kansas City, Missouri
23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-30-53
24c. NAME OF CEMETERY OR CREMATORY: FOREST HILL
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO.

DATE REC'D BY LOCAL REG.: 1-29-53
REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE: Mellody-McGilley-Eylar
ADDRESS: KCMO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hockett
4605 S. Gr.
Ch. 5578

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.