

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10200**

FILED MAR 31 1953

BIRTH NO. _____		REG. DIST. NO. <b>150</b>		PRIMARY REG. DIST. NO. <b>4239</b>		Registrar's No. <b>67</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. Institution; residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JACKSON</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Lee's Summit</b>		c. LENGTH OF STAY (in this place) <b>57 yr</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Lee's Summit</b>		<b>7001</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>24 So Douglas St</b>				d. STREET ADDRESS (If rural, give location) <b>207 No Douglas</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Barbara</b> b. (Middle) <b>BRENNEMAN</b> c. (Last) <b>BLACK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-6-53</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug 9-1889</b>	9. AGE (in years last birthday) <b>63</b>	if UNDER 1 YEAR Days		if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>		11. BIRTH PLACE (City and State or Foreign Country) <b>Union MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas S Black</b>		13b. MOTHER'S MAIDEN NAME <b>Henretta E Holmes</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-26-4802</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Miller</b> ADDRESS <b>Lee's Summit MO</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>  <b>12 yr</b>	
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) <b>4201</b>			
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 <b>6-26</b> , 19 <b>46</b> , to <b>3-6</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-6</b> , 19 <b>53</b> , and that death occurred at <b>8:25</b> A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Print or type) <b>M. Knight</b>				23b. ADDRESS <b>Lee's Summit MO</b>		23c. DATE SIGNED <b>3-7-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-8-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit</b>		24d. LOCATION (City, town, or county) (State) <b>Lee's Summit MO</b>	
DATE REC'D BY LOCAL REG. <b>3-8-53</b>		REGISTRAR'S SIGNATURE <b>W. B. Langford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Langford</b>		ADDRESS <b>Lee's Summit MO</b>	

7001  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1901 1  
1400

**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 W B Langford

Licensed Embalmer No. 3823

P. O. Address Leis Summit

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.