

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14540**
Registrar's No. **1211**

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1211

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 OR TOWN Kansas City) c. LENGTH OF STAY (in this place) 25 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2

d. STREET ADDRESS (If rural, give location) 1228 Michigan Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur b. (Middle) 28 c. (Last) Torrance

4. DATE OF DEATH (Month) (Day) (Year)
3 21 53

5. SEX 2 **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)** never married

8. DATE OF BIRTH 2-7-1892 **9. AGE** (In years last birthday) 61 **10. MONTHS** 0 **11. DAYS** 0 **12. HOURS** 0 **13. MIN.** 0

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lee Torrance **13b. MOTHER'S MAIDEN NAME** Carrie Bell **14. NAME OF HUSBAND OR WIFE** none

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. unk.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Mattie Tyler **ADDRESS** 1308 Euclid

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sclerosis of liver.

ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH
58 1/2

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) _____ **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 2-9-53, 19____, **to** 3-21-53, 19____, **that I last saw the deceased alive on** 3-21-53, 19____, **and that death occurred at** 1:00 p.m., **from the causes and on the date stated above.**

23a. SIGNATURE E. Frank Ellis (Degree or title) _____ **23b. ADDRESS** 600 East 22nd Street **23c. DATE SIGNED** 3-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ **24b. DATE** _____ **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 3-27-53 **REGISTRAR'S SIGNATURE** Sheldine Smith **25. FUNERAL DIRECTOR'S SIGNATURE** E. Sterling Bills **ADDRESS.** 1212 Olive St

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 Bell

Licensed Embalmer No. 93178

P. O. Address 1212 Du

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.