

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 21 1953

2191

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. <u>2191</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>36 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>508 East 42nd Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle) <u>D.</u>		c. (Last) <u>BLACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 6, 1896</u>		
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Comptroller, Commerce Trust Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Jacob H. Black</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Koenig</u>		14. NAME OF HUSBAND OR WIFE <u>Mary K. Black</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-16-0641</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary K. Black, 508 E. 42nd St., KC Mo.</u>				
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) <u>Brain Tumor, malignant</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>193A</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		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>Jan 13, 1952</u> to <u>April 25, 1953</u> that I last saw the deceased alive on <u>April 25, 1953</u> and that death occurred at <u>P.M.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E. H. Towbridge</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1905 Boycut Bldg.</u>		23c. DATE SIGNED <u>4-27-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG <u>4-27-53</u>		REGISTRAR'S SIGNATURE <u>Walden Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u>				

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

Dr. Ellsworth H. Trowbridge
1905 Bryan Bldg

M-2:00

10:30 to 11:30

V 5492

or 12:00

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.....
Signature of Student Embalmer

Signed.....
Eugene T. ...

Licensed Embalmer No. 463

P. O. Address.....
...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.