

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

State File No. 3163

No. 300
10. 48

FILED JUL 17 1953

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

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">7 yrs.</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">General Hospital #2</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1622 Olive Avenue</p>	

3. NAME OF DECEASED (Type or Print)			a. (First) <p style="text-align: center;">Velma</p>		b. (Middle) <p style="text-align: center;">D</p>		c. (Last) <p style="text-align: center;">Clay</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">6 13 1953</p>		
5. SEX <p style="text-align: center;">Female 3</p>		6. COLOR OR RACE <p style="text-align: center;">Colored</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Single 0</p>		8. DATE OF BIRTH <p style="text-align: center;">March 26, 1924</p>		9. AGE (in years last birthday) <p style="text-align: center;">29</p>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">None</p>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Mobile, Alabama 1</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		

13a. FATHER'S NAME <p style="text-align: center;">Cigus Clay</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Millie B. Thomas</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">None</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">No</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Rosa Belle Figous</p>		ADDRESS <p style="text-align: center;">1817 E. 16th</p>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Acute generalized toxemia, etiology undetermined.							
		ANTECEDENT CAUSES DUE TO (b) 2. Severe parenchymatous degeneration of the liver, heart & kidney.							
		DUE TO (c) 3. Pulmonary congestion & edema.							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4. Rectal amoebiasis.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 6-10-53, 19, to 6-13-53, 19, that I last saw the deceased alive on 6-13-53, 19, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">E. Frank Ellis</p>		(Degree or title) <p style="text-align: center;">MD</p>		23b. ADDRESS <p style="text-align: center;">600 East 22nd Street</p>		23c. DATE SIGNED <p style="text-align: center;">6-15-53</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>		24b. DATE <p style="text-align: center;">6/23/53</p>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Mobile, Alabama</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">6-22-53</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Geraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Bernard P. Benton</p>		ADDRESS <p style="text-align: center;">18th & Benton</p>	
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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 L. Watkins

Licensed Embalmer No. 4509

P. O. Address 18th & 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.