

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

State File No. **25113**
3656

FILED AUG 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
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>32 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>3388</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3216 VICTOR</u>				d. STREET ADDRESS (If rural, give location) <u>28 3216 VICTOR</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>			b. (Middle) <u>BELLE</u>			c. (Last) <u>PHONE</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 21 1953</u>								
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCTOBER 17, 1891</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months	11. UNDER 10 HRS. Days	12. UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>THORNTON, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WADE JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA MILLS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES M. PHONE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MILDRED CLYMER VICTOR</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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Invasion of Bladder</u> DUE TO (c) <u>Carcinoma Cervix</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>11X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 <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>7-18</u> , 19 <u>53</u> , to <u>7-21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-21</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>H. H. Owens</u> (Degree or title)				23b. ADDRESS <u>1834 Rio Alto Blvd.</u>		23c. DATE SIGNED <u>7-22-53</u>		
24a. BURIAL / CREMATION / REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 25, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>7-24-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fannie G. Meek</u> ADDRESS <u>Kansas City, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 Fannie S. Meek

Licensed Embalmer No. 3814

P. O. Address Kansas City, Mo.

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.