

FILED OCT 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31786  
Registrar's No. 4429

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4429	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) =		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 220 Charlotte				e. STREET ADDRESS (If rural, give location) 2200 Charlotte 3318			
3. NAME OF DECEASED a. (First) Lissy (Type or Print)			b. (Middle) Foote		c. (Last) Foote		4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1953
5. SEX <del>Male</del> Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid 2		8. DATE OF BIRTH unkn. about	9. AGE (In years last birthday) about 100	10 UNDER 1 YEAR Months	10 UNDER 4 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) New Albany, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry McAllister		13b. MOTHER'S MAIDEN NAME Henrietta		14. NAME OF HUSBAND OR WIFE unknown			
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Rev. E. L. McAllister - St. Louis, Mo.			
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) Debility  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cc DUE TO (c) -				INTERVAL BETWEEN ONSET AND DEATH  794X	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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 9-7-1953, to 9-10-1953 that I last saw the deceased alive on 9-9-1953 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE F. J. Haugh Sr. (Degree or title)				23b. ADDRESS MD 2200 E-18th St.		23c. DATE SIGNED 9-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-1953		24c. NAME OF CEMETERY OR CREMATORY Highland Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-10-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Adkins Bros. F. Home K.C. Mo.			

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

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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.....  
Signature of Student Embalmer

Signed *C. Kenneth Gorsuch*.....

Licensed Embalmer No. *4437*.....

P. O. Address *R. C. Mc...*.....

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.