

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39424**

FILED NOV 19 1953

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 196	
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 township) Rural Prairie		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3158	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hosp.				d. STREET ADDRESS (If rural, give location) 1613 E. 9th			
3. NAME OF DECEASED (Type or Print) a. (First) ELLEN		b. (Middle) A		c. (Last) WALDS		4. DATE OF DEATH (Month) (Day) (Year) Oct 25 1953	
5. SEX Female		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Jan. 21, 1867	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 HOUR Days		IF UNDER 1 MIN. 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 HOME		11. BIRTHPLACE (State or foreign country) Louisiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME County Hospital Records			
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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) (Min.)		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 6/12, 1952 , to 10-25, 1953 , that I last saw the deceased alive on 10-24, 1953 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Quarez-Reyna, M.D.				23b. ADDRESS 1032 Prof. Bldg. K.C. Mo		23c. DATE SIGNED 10-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 26-53		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
DATE REC'D BY LOCAL REG. Oct 25 53		REGISTRAR'S SIGNATURE M. B. Langford		483 FURNERAL DIRECTOR'S SIGNATURE Chas. E. Walker		ADDRESS K.C. Mo	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Chas. E. Wilke*

Licensed Embalmer No. *2644*

P. O. Address *K. C. Mo*

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.