

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4727

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 439

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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 35 yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 2519 Prospect		e. STREET ADDRESS (If rural, give location) 2519 Prospect		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Eva			a. (First)			b. (Middle)			c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1954			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 15, 1897		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress				10b. KIND OF BUSINESS OR INDUSTRY —				11. BIRTHPLACE (City and State or Foreign Country) Parkville, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Archie Ball Brown			13b. MOTHER'S MAIDEN NAME Martha Rodgers			14. NAME OF HUSBAND OR WIFE Leonza Bell					
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. —			17. INFORMANT'S SIGNATURE OR NAME Leonza Bell			ADDRESS 2519 Prospect		

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, asphyxia, 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)		Acute Lobar Pneumonia							
ANTECEDENT CAUSES		DUE TO (b) chronic gall bladder disease							
		DUE TO (c) low weight							
		DUE TO (c) Debility contrivous							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Aortic Aneurysm						490X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hypertension						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) 552 1/2 W. Main St., Kansas City, Mo.					
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 **1-25, 1954** to **1-25, 1954**, that I last saw the deceased alive on **1-25, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Harvey P. Charles		(Degree or title) MD		23b. ADDRESS 552 1/2 W. Main St., Kansas City, Mo.		23c. DATE SIGNED 1-27-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/28/54		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 1-28-54		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 18th & Benton		ADDRESS	
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WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed..... *Dwight L. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th & Bent*

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.