

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

State File No. **8502**
1172

BIRTH **DECEASED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

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. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 20 yrs		e. STREET ADDRESS (If rural, give location) 2518 Woodland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2518 Woodland		24180	
3. NAME OF DECEASED (Type or Print) Jennie Beverly		a. (First)	b. (Middle)
c. (Last) Beverly		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1889
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Salisbury, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George McAdams	
13b. MOTHER'S MAIDEN NAME Henrietta Davis		14. NAME OF HUSBAND OR WIFE Luther Beverly	
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther Beverly 2518 Woodland
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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH few days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endarteritis Obliterans	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20	
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) _____	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>Feb 26 1954</u>, to <u>March 1954</u>, that I last saw the deceased alive on <u>March 11, 1954</u>, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE H. M. Brathwaite (Degree or title) H. M. Brathwaite, M.D.		23b. ADDRESS 1024 James St Kansas City, Mo	23c. DATE SIGNED March 16 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/16/54	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, & county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 3-16-54	REGISTRAR'S SIGNATURE Steldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Washburne Road. 18th & Benton	

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..... *Ernest R. Washburn*

Licensed Embalmer No. *450*

P. O. Address *18th & B*

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.