

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15951
2088

| | | | | | | | | | |
|--|--|--|---|--|--|--|--|--------------------------|--|
| 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>1 mo.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | 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 <u>2034 Brighton</u> | | | | e. STREET ADDRESS (If rural, give location) <u>12 2034 Brighton 2228</u> | | | | 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>JANE</u> c. (Last) <u>JEVREZ</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5/7/54</u> | | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Wh.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u> | | 8. DATE OF BIRTH <u>Aug 8 1875</u> | | | |
| 9. AGE (In years if under 1 year last birthday) Months Days | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life when if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pack Co Ark</u> | | | |
| 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Therita Watkins</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>No record</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Melia Lewis</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u> ANTECEDENT CAUSES <u>massive intraventricular Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Central hemorrhage & thrombotic encephalomalacia</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>none</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>331X</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4-23 1954</u> , to <u>5-7 1954</u> , that I last saw the deceased alive on <u>5-7 1954</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>R. W. Parker</u> (Degree or title) <u>Dr.</u> | | | | 23b. ADDRESS <u>2201 1/2 E. 12th, K.C.</u> | | 23c. DATE SIGNED <u>5-7-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-10-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washingtn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-10-54</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shield</u> ADDRESS <u>K.C., Mo.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 1943

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 John B. J. Koerner Jr. Student Embalmer No. 49 working under my personal supervision..

Student John B. J. Koerner Jr.
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4827

P. O. Address 4 C St.

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.