

No. 300
0-48

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16185**
2026

BIRTH NO. _____ 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 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) 7 yrs.		STREET ADDRESS 1476 E. 10th		3158 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION. General Hospital # 2					

3. NAME OF DECEASED (Type or Print) Dexter Speights			4. DATE OF DEATH (Month) (Day) (Year) May 1, 1954	
a. (First)	b. (Middle)	c. (Last)		

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scalesman		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary D. Graves		14. NAME OF HUSBAND OR WIFE Rebecca Speights	
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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. 492-28-5219		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rebecca Speights		ADDRESS 2445 Michigan	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion and edema				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Cardiac hypertrophy					
		DUE TO (c) Coronary arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4/201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 4-29-54, 1954, to 5-1-, 1954, that I last saw the deceased alive on 5-1-, 1954, and that death occurred at 2:05P m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis M.D.		(Degree or title)		23b. ADDRESS 600 E. 22nd St.		23c. DATE SIGNED 5-3-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/8/54		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 5-5-54		REGISTRAR'S SIGNATURE Staldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones, Inc.		ADDRESS 1905 Vine	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Conrado Gladys B...*

Licensed Embalmer No. 494

P. O. Address 1905 Vin.

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.