

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18798

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2819

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 OR TOWN KANSAS CITY)		c. LENGTH OF STAY (in this place township) 29 years	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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			STREET ADDRESS (If rural, give location) 309 NORTON			
3. NAME OF DECEASED (Type or Print) a. (First) ESTIE b. (Middle) LEE c. (Last) BLACK			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 29, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Lewis Frank Black		13b. MOTHER'S MAIDEN NAME Alice Julia Blawers		14. NAME OF HUSBAND OR WIFE Elbia B. BLACK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 187-03-6363A	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records Kansas City ADDRESS 165			
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) Metastatic Carcinoma of Liver and Bones ANTECEDENT CAUSES DUE TO (b) Adenoma of Prostate 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 2 years 2 years 177X
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) VA		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 May 20, 1954 , to June 21, 1954 XXXXXXXXXXXX XXXXXXXXXXXX and that death occurred at 3:30A.M. , from the causes and on the date stated above.						
23a. SIGNATURE Frank A. Mantz Jr. M.D. (Degree or title) D			23b. ADDRESS VA Hospital, Kansas City, Mo		23c. DATE SIGNED 6/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 22, 1954	24c. NAME OF CEMETERY OR CREMATORY KIDDER CEMETERY	24d. LOCATION (City, town, or county) (State) KIDDER MISSOURI			
DATE REC'D BY LOCAL REG. 6-23-54		REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE O.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			

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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 *John B. Lewis*.....

Licensed Embalmer No. *48*

P. O. Address *KC Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING, 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.