

FILED FEB. 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 3445

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Kansas City</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>51 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5050 Oak Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

3. NAME OF DECEASED. (Type or Print) <u>Susan</u>			a. (First)			b. (Middle)			c. (Last) <u>Black</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 26, 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Mar. 4, 1875</u>			9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>10</u>		11. HOURS <u>10</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				

13a. FATHER'S NAME <u>Francis W. Black</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Geiger</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>Arthur G. Black, brother.</u>			ADDRESS <u>5050 Oak Street, Kansas City, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH Years	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Generalized Arteriosclerosis</u>						Years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>							
		DUE TO (c) <u>Intra-abdominal mass of undetermined origin.</u>						3 months.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <u>4200</u>						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 5, 1949, to Jan. 26, 1955, that I last saw the deceased alive on Jan. 26, 1955, and that death occurred at 9:22P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. A. Costantino M.D.</u>		23b. ADDRESS <u>2407 A Broadway, St. Louis</u>		23c. DATE SIGNED <u>1/26/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/27/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-26-55</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Dornik M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Callen Kelly</u>		ADDRESS <u>7267 Natl Bridge</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

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520

1956
MAY 2

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
Student Embalmer

Signed Hadley F. Koeller Jr

Licensed Embalmer No. 4950

P. O. Address St Louis Mo

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 this body is not embalmed, fact should be so stated above.