

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 280

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. CITY OR TOWN <u>KANSAS CITY</u>	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) <u>12 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>5400 3100 Euclid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSP</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u> b. (Middle) <u>MAY</u> c. (Last) <u>METHENY</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	8. DATE OF BIRTH <u>10-19-80</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>BELTON Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WM HARRIS</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY TULLIS</u>	
14. NAME OF HUSBAND OR WIFE <u>WILLIAM METHENY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS HERMAN MAJOR 3100 EUCLID KEMO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIOVASCULAR ACCIDENT</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FRACTURE NECK LT. FEMUR</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>12-30-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>FRACTURE NECK LT. FEMUR</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) <u>H. C. MO JACKSON MO</u>	
21d. TIME OF INJURY <u>12 28 54</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>SLIPPED ON FLOOR + FELL</u>		22. I hereby certify that I attended the deceased from <u>12-30-54</u> to <u>2-17-55</u> , that I last saw the deceased alive on <u>2-17-55</u> , and that death occurred at <u>4 05</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Harold V. Zuber</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>600 Prof. Bldg</u>	
23c. DATE SIGNED <u>2-20-55</u>		24a. BURIAL CREMATION (REMOVAL) (Specify) <u>DURIAL</u>	
24b. DATE <u>2-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELTON CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>BELTON, MO.</u>		DATE REC'D BY LOCAL REG. <u>2-20-55</u> REGISTRAR'S SIGNATURE <u>Neva Minshel</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Ed George</u>		ADDRESS <u>Belton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side By S. C. Doddard)

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 *Sterling E. Goddard*.....
Licensed Embalmer No. *4911*.....

P. O. Address *Grand*.....

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.