

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18782

2471

|   |  |   |  |   |   |  |   |   |  |
|---|--|---|--|---|---|--|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149  |  | PRIMARY REG. DIST. NO. 1002   |   | Registrar's No. 2471   |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |   |  |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Kansas City   |  | c. LENGTH OF STAY (In this place)<br>39 Yrs.  |  | c. CITY OR TOWN Kansas City   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital   |  |   |  | STREET ADDRESS (If rural, give location)<br>1311 Agnes 36 1/2   |   |  |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Angeline  |  |   | b. (Middle) A.                               |   | c. (Last) Lebecq  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>6 8 55 |   |  |
| 5. SEX Female   |  | 6. COLOR OR RACE White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Widowed 2   |   | 8. DATE OF BIRTH April 11, 1881  |   | 9. AGE (In years last birthday) 74<br>IF UNDER 1 YEAR: Months Days<br>IF UNDER 11 HRS: Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Home   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br>Belgium 4  |   | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |  |
| 13a. FATHER'S NAME<br>Jean Joseph Frere   |  |   | 13b. MOTHER'S MAIDEN NAME<br>Rosalie Legrain |   |   | 14. NAME OF HUSBAND OR WIFE<br>John B. Lebecq  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  |   | 16. SOCIAL SECURITY NO.<br>None              |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>John A. Lebecq-1311 Agnes-Kansas City, Mo. |  |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Encephalomyelacia<br>(b) Thrombosis of Mid. Cerebral Art<br>(c) DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Ca of Endometrium<br>Interval between ONSET AND DEATH<br>332x |  |   |   |  |   |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |   |  |   | 20. AUTOPSY?<br>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) m.  |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |   |  |   |   |  |   |   |  |
| 23a. SIGNATURE H. Frank Holman (Degree or title)<br>H. Frank Holman M.D.  |  |   |  | 23b. ADDRESS<br>St. Joseph's Hospital   |   |  | 23c. DATE SIGNED<br>6-9-55                      |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |  | 24b. DATE<br>6/11/55  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery  |   | 24d. LOCATION (City, town, or county) (State)<br>Kansas City, Missouri   |   |   |  |
| DATE REC'D BY LOCAL REG.<br>6-9-55  |  | REGISTRAR'S SIGNATURE<br>Neva Marshall  |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Melody-McGilley-Eylar-Kansas City, Mo.      |  |   |   |  |

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

for 4793

just signed

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 *Arthur Eugene*.....

Licensed Embalmer No. *49*.....

P. O. Address *K.C.*.....

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.