No. 300
10.48

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

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22029
Registrar's No. 2662

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 40 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Med. Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 2701 East 36th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): E.
c. (Last): Black

4. DATE OF DEATH (Month) (Day) (Year): 6-20-55

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7-1883
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and State or Foreign Country): Harris Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Charles Golden
13b. MOTHER'S MAIDEN NAME: Mary E. Knowles
14. NAME OF HUSBAND OR WIFE: Willis W. Black
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Willis W. Black
ADDRESS: 2701 East 36th Kansas City Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Brain - due to — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Embolic occlusion Right internal carotid artery — 5 weeks
DUE TO (c) Center Cardiac formation — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
old myocardial infarction 4-01
Multiple infarcts, lungs — 3 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct. 20, 1953, *to* June 20, 1955, *that I last saw the deceased alive on* June 20 1955, *and that death occurred at* 9 40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Graham Asher (Degree or title) MD
Graham Asher M.D. MD
23b. ADDRESS: 1220 Professional Bldg. Kansas City 6 - Mo.
23c. DATE SIGNED: 6-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23-1955
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Harris Missouri

DATE REC'D BY LOCAL REG.: 6-22-55
REGISTRAR'S SIGNATURE: neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons
ADDRESS: 1931 Brush Creek Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil W. Honey

Licensed Embalmer No. 47

P. O. Address T. C., O

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