

FILED AUG 3-1955.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22104

State File No. _____

3027

BIRTH NO. _____ REG. DIST. NO. V49 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 township) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Luke's Hospital**

STREET ADDRESS (If rural, give location) **51 3829 Walnut Street 351 1/2**

3. NAME OF DECEASED (Type or Print)
a. (First) **DEWITT** b. (Middle) **M.** c. (Last) **EMBREE**

4. DATE OF DEATH (Month) (Day) (Year) **July 15, 1955.**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2**

8. DATE OF BIRTH **Nov. 16, 1868**

9. AGE (In years last birthday) **86**
IF UNDER 1 YEAR Months Days Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Druggist**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Higbee, Missouri.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Caleb M. Embree**

13b. MOTHER'S MAIDEN NAME **Artimacia Ball**

14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Al Lebrecht, Kansas City, Missouri.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypostatic pneumonia**
INTERVAL BETWEEN ONSET AND DEATH **48 hrs.**
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized arteriosclerosis + arteriosclerotic heart disease**
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 1/2 yrs**
48 00

19a. DATE OF OPERATION **None**

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) (Minute)

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 **7-8**, 19**55**, to **7-15**, 19**55**, that I last saw the deceased alive on **7-15**, 19**55**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Raymond W. Stokton** (Degree or title) **Raymond W. Stokton, M.D.**

23b. ADDRESS **411 Nichols Rd K.C., Mo.**

23c. DATE SIGNED **7-16-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 16, 1955**

24c. NAME OF CEMETERY OR CREMATORY **Higbee, Missouri.**

24d. LOCATION (City, town, or county) (State) **Higbee, Missouri.**

DATE REC'D BY LOCAL REG **7-16-55**

REGISTRAR'S SIGNATURE **Merna Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **FREEMAN MORTUARY, Kansas City, Missouri.**

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 *Clayton K. Barnes*.....

Licensed Embalmer No. *479*.....

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

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.