

FILED OCT 19 1955

State File No. ....

4205

|  |  |  |                  |  |  |  |  |
|--|--|--|------------------|--|--|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>149</u>  |                  | PRIMARY REG. DIST. NO. <u>002</u>  |  | Registrar's No. ....   |  |
| 1. PLACE OF DEATH  |  |  |                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). |  |  |  |
| a. COUNTY<br><b>Jackson</b>  |  | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Kansas City</b>     |                  | c. CITY OR TOWN<br><b>Kansas City</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (Specify)  |  | 38   |                  | STREET ADDRESS<br><b>3014 College</b>  |  | 3285   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>General Hospital #2</b>  |  |  |                  | (If rural, give location)  |  |  |  |
| 3. NAME OF DECEASED  |  |  | 4. DATE OF DEATH |  |  |  |  |
| a. (First)<br><b>Florence</b>  |  | b. (Middle)  |                  | c. (Last)<br><b>Searcy</b>   |  | (Month) (Day) (Year)<br><b>9 28 1955</b>   |  |
| 5. SEX<br><b>female</b>  |  | 6. COLOR OR RACE<br><b>Negre</b>   |                  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widow</b>                 |  | 8. DATE OF BIRTH<br><b>Jan. 17, 1867</b>   |  |
| 9. AGE (In years last birthday)  |  | 10. USUAL OCCUPATION (Give kind of work done during working life, even if retired)<br><b>none</b>      |                  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Ft. Scott, Kansas</b>         |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 10a. USUAL OCCUPATION  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |                  | 11. BIRTHPLACE   |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13a. FATHER'S NAME<br><b>unknown</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>  |                  | 14. NAME OF HUSBAND OR WIFE<br><b>unknown</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>no</b>   |                  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Willa Bell Cox 3014 College</b>        |  |  |  |
| 18. CAUSE OF DEATH   |  |  |                  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| Enter only one cause per line for (a), (b), and (c)  |  |  |                  |  |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>   |  |  |                  |  |  |  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  |  |                  |  |  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  |  |                  |  |  |  |  |
| DUE TO (b) <b>Hypertensive cardio vascular disease.</b>  |  |  |                  |  |  |  |  |
| DUE TO (c)   |  |  |                  |  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  |  |                  |  |  | 4497   |  |
| Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                  |  |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |                  |  |  | 20. AUTOPSY?<br>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 type="checkbox"/> |                  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>9-25-55</u> , 19 <u>  </u> , to <u>9-28-55</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>9-28-55</u> , 19 <u>  </u> , and that death occurred at <u>4:15 a. m.</u> , from the causes and on the date stated above. |  |  |                  |  |  |  |  |
| 23a. SIGNATURE <b>E. Frank Ellis MD</b> (Degree or title) <i>E. Frank Ellis MD</i>   |  |  |                  | 23b. ADDRESS<br><b>600 East 22nd Street</b>  |  | 23c. DATE SIGNED<br><b>9-28-55</b>   |  |
| 24a. BURIAL, CREMATION, (Specify)  |  | 24b. DATE<br><b>Sept 30, 1955</b>  |                  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln</b>                                   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City Mo.</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>9-29-55</b>   |  | REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>  |                  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Watkins Bros. Funeral Home</b>                  |  | ADDRESS<br><b>1600 Benton</b>  |  |

**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 *Bruce P. Waddams*

Licensed Embalmer No. *452*

P. O. Address *10th St. Den*

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.