

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36883**
Registrar's No. **4830**

FILED NOV 23 1955

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

| | | | |
|---|-------------------------------|---|---|
| 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 town or township) Kansas City | | c. CITY OR TOWN Kansas City | 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) 2yrs | | e. STREET ADDRESS (If rural, give location) 916 W. 21st | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Beverly | | b. (Middle) Ann | |
| c. (Last) Hughes | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1955 | |
| 5. SEX 3 female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH Oct 20, 1953 |
| 9. AGE (In years last birthday) 2yrs | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Wayne Hughes | |
| 13b. MOTHER'S MAIDEN NAME Leotha Queen | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | |
| 17. INFORMANT'S SIGNATURE OR NAME Wayne Hughes | | ADDRESS 3027 Montgall | |

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|---|--|---|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Toxemia | | One day |
| DUE TO (c) Third Degree Burns | | II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | |
|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 916 W. 21st. | 21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Missouri |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 5 55 m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Scalded by hot water |

22. I hereby certify that I attended the deceased from **11-5**, 19 **55**, to **11-6**, 19 **55**, that I last saw the deceased alive on **11-6**, 19 **55**, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | |
|---|---|---|--|
| 23a. SIGNATURE V. L. Dixon <i>V. L. Dixon</i> (Degree or title) md. | | 23b. ADDRESS 2204 1/2 East 18th, Street | 23c. DATE SIGNED 11-8-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 10, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Highland | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. |
| DATE REC'D BY LOCAL REG. 11-9-55 | REGISTRAR'S SIGNATURE <i>New Marshall</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Ross Funeral Home</i> ADDRESS <i>1st & Clinton</i> | |

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... *Bruce A. Walker*

Licensed Embalmer No. *452*

P. O. Address *18th Cent*

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.