

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40638
Registrar's No. 5093

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 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) Kansas City c. LENGTH OF STAY (In this place) 48 yrs.
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 General Hospital #2 e. STREET ADDRESS (If rural, give location) 1309 Lydia 31680

3. NAME OF DECEASED a. (First) Eva b. (Middle) Mae c. (Last) Houston 4. DATE OF DEATH (Month) (Day) (Year) 11 19 1955

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 21, 1890 9. AGE (In years last birthday) Months Days Hours Min. 65 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Louisburg, Tenn. 12. CITIZEN OF WHAT COUNTRY? U.S. Yes

13a. FATHER'S NAME Joseph LaRue 13b. MOTHER'S MAIDEN NAME Molly Wakefield 14. NAME OF HUSBAND OR WIFE Joseph Houston

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 Nellie Mack ADDRESS 1809 East 11th Street

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) Peritonitis
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Possible appendiceal abscess
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5501

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) (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 11-13-55, 1955, to 11-19-55, 1955, that I last saw the deceased alive on 11-19-55, 1955, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Edwards (Degree or title) MD 23b. ADDRESS 600 E. 22nd Street 23c. DATE SIGNED 11-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11-23-55 24c. NAME OF CEMETERY OR CREMATORY Lincoln 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 11-23-55 REGISTRAR'S SIGNATURE Neve Marshall 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home ADDRESS 11th & Benton

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..... *Allen P. Walker*

Licensed Embalmer No. *45*

P. O. Address *18 W. 1st St.*

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.