

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13920

State File No. _____

FILED APR 23 1956

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 58

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| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rural (Bedford Twp)</u>) | | c. CITY OR TOWN <u>Kansas City</u> | 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) <u>4</u> hr | | e. STREET ADDRESS (If rural, give location) <u>1510 Myrtle Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Jeanette</u> | b. (Middle) | c. (Last) <u>Huston</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1956</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Dec. 22, 1951</u> | 9. AGE (In years last birthday) <u>4</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|--|---------------------------------------|--|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Willie Huston</u> | 13b. MOTHER'S MAIDEN NAME <u>Ola B. Williams</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ed Williams</u> ADDRESS <u>4608 Gay, E. St Louis, Ill.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>40 Min.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive Laceration of right kidney, and lower part of Liver. Internal Hemorrhage.</u> | | |
| ANTECEDENT CAUSES | | DUE TO (b) <u>Chrsished in an automobile accident</u> | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS (Coroner's Jury Verdict) | | <u>8164</u> | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>Homicide Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-Way #110</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Foristel 109</u> (COUNTY) <u>Warren</u> (STATE) <u>Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/14/56 2:00 P.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Car struck another and ran off of pavement & turned over</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Joseph Marsh</u> (Degree or title) <u>CORONER 3</u> | 23b. ADDRESS <u>#51 Monroe St Troy, Missouri</u> | 23c. DATE SIGNED <u>4/19/56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>4/14/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Mo.</u> | 24d. LOCATION (City, town, or county) (State) |
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| DATE REC'D BY LOCAL REG. <u>April 21 1956</u> | REGISTRAR'S SIGNATURE <u>Emma S. Piddle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bro.</u> ADDRESS <u>2814 E. 18th Kansas City Missouri</u> |
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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.....

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missou

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.