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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1956

State File No. 16722

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 38

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| 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) Rural Washington | | c. LENGTH OF STAY (in this place) 2 MONTHS | c. CITY OR TOWN KANSAS CITY |
| d. FULL NAME OF INSTITUTION CURTIS NURSING HOME | | STREET ADDRESS (If rural, give location) 2229 Elmwood 3348 | |

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|---|------------------------|--|---|------------------------------------|-------------------------------------|
| 3. NAME OF DECEASED (Type or Print) ANNA M. CAUSEY | | | 4. DATE OF DEATH (Month) (Day) (Year) 5 28 56 | | |
| 5. SEX Fe! | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH Nov 29, 1869 | 9. AGE (In years last birthday) 86 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | 11. BIRTHPLACE (City and State or Foreign Country) JACKSONVILLE, Fla. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|---------------------------------------|---|
| 13a. FATHER'S NAME Clint May | 13b. MOTHER'S MAIDEN NAME Mary Sebert | 14. NAME OF HUSBAND OR WIFE JOSEPH L. CAUSEY |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs HARRY SIMMONS, SHENANDOAH, IOWA |

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene, Rth Leg | | INTERVAL BETWEEN ONSET AND DEATH 3 mos 6+ yrs ? |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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) m. | 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 4/6/56, 1956, to 5/28/56, 1956, that I last saw the deceased alive on 5/17, 1956, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE William A. Kello M.D. | 23b. ADDRESS Grandview Mo | 23c. DATE SIGNED 5/28/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 5-31-56 | 24c. NAME OF CEMETERY OR CREMATORY FOREST Hill |
| | | 24d. LOCATION (City, town, or county) K.C. MO |

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|---------------------------------|--|--|
| DATE REC'D BY LOCAL REG 5/29/56 | REGISTRAR'S SIGNATURE Sterling Sanders | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGILLEY-EYLAR K.C. MO |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

18 7001

0561 18 7001

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..... *J. B. Ryan*
Licensed Embalmer No.....
P. O. Address..... *J. B. Ryan*

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.