

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31006**Registrar's No. **3209**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3209</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>Kansas City</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>UNK.</u>		e. STREET ADDRESS (If rural, give location) <u>809 Indep. Ave.</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wynn's Rest Home</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ANNIE</u>			b. (Middle) <u>WESLEY</u>			c. (Last) <u>WESLEY</u>	
(Type or Print)			4. DATE OF DEATH			8-24-56	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Approx 11</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u>11</u> Min. <u>11</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Verna Frazier - 815 Indep Ave</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				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) <u>Cerebral Vascular Accident</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Arterial Hypertension</u>					
		DUE TO (c) <u>Hemiplegia Right</u>				331*	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>May 56</u> , to <u>Aug 24 1956</u> , that I last saw the deceased alive on <u>8-24</u> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>L. S. Daigle, M.D.</u>				23b. ADDRESS <u>2122 Truman Dr.</u>		23c. DATE SIGNED <u>8/25/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K.C. College of Chap.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-29-56</u>		REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brigham + Jones 12th + 6th</u>			

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

L. S. Daigle

2423-6874.

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 *Lawrence A. Jones*

Licensed Embalmer No. *440*

P. O. Address *2300 East
N. E. 27 Mo.*

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.