

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37962**
Registrar's No. **4893**

BIRTH NO. _____		REG. DIST. NO. 147		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4893	
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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 19 yrs		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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2915 INDIANA AVE.				STREET ADDRESS (If rural, give location) 2915 INDIANA AVE			
3. NAME OF DECEASED (Type or Print) a. (First) RAEDELLE		b. (Middle) DELOISE		c. (Last) DEAN		4. DATE OF DEATH (Month) (Day) (Year) NOV. 10 1956	
5. SEX 3 FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JAN. 21, 1937	
9. AGE (In years) (last birthday) 19 yrs		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WORK AT POSTOFFICE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ZENOPHON DEAN		13b. MOTHER'S MAIDEN NAME EDNA MAE GOLDSMITH		14. NAME OF HUSBAND OR WIFE NEVER MARRIED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Zenophon Dean 2915 Indiana K.C. Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Retained secundines DUE TO (c) Profuse Uterine Hemorrhage 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pregnancy Early 2nd Trimester.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 _____, 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.							
23a. SIGNATURE (Degree or title) L. M. Tillman				23b. ADDRESS 1618 Lydia Ave		23c. DATE SIGNED 11/13/56	
24a. BURIAL, CREMATION, REMOVE (Specify) BURIAL		24b. DATE Nov. 15, 1956		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 11-13-56		REGISTRAR'S SIGNATURE neva munsell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lamier, Melk Kansas City, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

Ms 1-5181

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 Millard B. Paskins..... Student Embalmer No. 532..... working under my personal supervision..

Student Millard B. Paskins
Signature of Student Embalmer

Signed Fannie L. Meek.....

Licensed Embalmer No. 3818.....

P. O. Address Mass. A.....

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.