U.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16993

FILED JUN 12 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2482

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1 Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Queen of The World Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2405½ N. Tremont st.

915 8

3. NAME OF DECEASED (Type or Print)
a. (First): Jeffie
b. (Middle): S.
c. (Last): Clemons

4. DATE OF DEATH (Month) (Day) (Year): 5 25 1957

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 9/19/1890
9. AGE (In years last birthday): 66 — 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): House Work
10b. KIND OF BUSINESS OR INDUSTRY: At. Home
11. BIRTHPLACE (City and State or Foreign Country): Cotton Plant, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Robert Davis
13b. MOTHER'S MAIDEN NAME: Rachiel Darby
14. NAME OF HUSBAND OR WIFE: Orange J. Clemons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Orange T. Clemons 2903 E.27th.st.K.C.Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Congestion and Atelectosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Fibrinis Myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Multiple Areas of Encephalomalacia

INTERVAL BETWEEN ONSET AND DEATH: 4 2 2 2

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) m.
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* February 20, 56, *to* May 25, 1957, *that I last saw the deceased alive on* May 25, 1957, *and that death occurred at* 11:12 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bruce P. McDonald MD
23b. ADDRESS: 2604 Prospect Avenue
23c. DATE SIGNED: 5/28/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/30/1957
24c. NAME OF CEMETERY OR CREMATORY: Brinkley, Arkansas
24d. LOCATION (City, town, or county) (State): Brinkley, Arkansas

DATE REC'D BY LOCAL REG.: 5-28-57
REGISTRAR'S SIGNATURE: Neva Mendenhall
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Mrs. J. W. Jones 440 statenve. K. C. Kansas

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Bruce P. Mc Donald

Bruce ~~B.~~ R. McDonald

2604 Prospect ave

15 e. mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene English

Licensed Embalmer No. 4(a)

P. O. Address 1440 Sta

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.