

Health, Welfare, Public Service  
 300  
 1-56  
 diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.  
 L. M. Tillman

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

57 02 1336  
 STATE FILE NUMBER  
 2855

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2855

|  |                               |  |   |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b><br>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |                               | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1526 Virginia</b>   |                               | Length of stay in lb <b>15 years</b>   |   |
| d. STREET ADDRESS <b>1526 Virginia</b>   |                               | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print) <b>Beatrice Weldon Searcy</b><br>First Middle Last   |                               |  | 4. DATE OF DEATH<br>Month <b>6</b> Day <b>15</b> Year <b>1957</b>     |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>12/13/1894</b>                                    |
| 9. AGE (In years last birthday) <b>62</b>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>   |   |
| 10a. USUAL OCCUPATION  |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>Kansas City, Kansas</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>   |                               | 13. FATHER'S NAME <b>John Jordan</b>   |   |
| 14. MOTHER'S MAIDEN NAME <b>Anna Troxler</b>   |                               | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |   |
| 16. SOCIAL SECURITY/NO. <b>492-18-6689</b>   |                               | 17. INFORMANT <b>Ioma Jones</b> Address <b>337 Richmond K. C. Kansas</b>   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Insufficiency</b><br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                               |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4221</b>                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                               |  |   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |                               |  |   |
| 20c. TIME OF INJURY. Hour, Month, Day, Year<br>a. m. p. m.   |                               | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                               | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |  |   |
| 22a. SIGNATURE <b>L. M. Tillman</b>  |                               | 22b. ADDRESS <b>1618 Lydia Ave</b>   |   |
| 22c. DATE SIGNED <b>6/17/57</b>  |                               | 23a. NORMAL REMOVAL (Specify)  |   |
| 23b. DATE <b>6/19/1957</b>   |                               | 23c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>  |   |
| 23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>   |                               | 23e. (State)   |   |
| 24. FUNERAL DIRECTOR <b>Mrs. J. W. Jones</b> ADDRESS <b>440 state, K.C. Kans.</b>  |                               | 25. DATE RECD. BY LOCAL REG. <b>6-18-57</b>  |   |
| 26. REGISTRAR'S SIGNATURE <b>neva minshall</b>   |                               |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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 *Landis H. Jackson*

Licensed Embalmer No. 48

P. O. Address *R. C.*

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