

Health,
& Welfare
S. Public
Health Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE Lewis E. Soper

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44735
STATE FILE NUMBER

FILED DEC 19 1957

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 542

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, give TOWNSHIP only) OR TOWN Blue Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 713 Fairview			Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 713 Fairview		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SUE Middle R. Last TENNIS			4. DATE OF DEATH Month Day Year Dec. 10, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 9, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and state or country) Oak Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Marrion Otis Nickles				14. MOTHER'S MAIDEN NAME Mary Ellen Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Thelma Morrison, 713 Fairview, K.C. 22, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, hypertension DUE TO (c) Chronic interstitial nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None							INTERVAL BETWEEN ONSET AND DEATH 36 hrs
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 a. m. p. m. Month, Day, Year							
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 4-29-57, to 12-10-57 and last saw her alive on 12-10-57 Death occurred at # 3:30 a. m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) Lewis E. Soper, D.O.				22b. ADDRESS 11106 Winner Rd		22c. DATE SIGNED 12-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery		23d. LOCATION (City, town, or county) (State) Blue Springs, Missouri		
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.				25. DATE RECD. BY LOCAL REG. 12-12-57		26. REGISTRAR'S SIGNATURE James K. [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

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DEC 18 1957

RECEIVED

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. H. Gibson

Licensed Embalmer No. 487

P. O. Address *Indep. 7th*

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.