

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005602
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 665

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cross Rest Home		d. STREET ADDRESS 2700 E 68th St	

3. NAME OF DECEASED (Type or print) Ida M Houston			4. DATE OF DEATH Feb 5 - 1958		
5. SEX Fm	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 8 - 1869		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Grain Valley Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME J. P. Maxwell			14. MOTHER'S MAIDEN NAME Mary Butler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs O. Williams Kansas City 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) Senility, emaciation, general exhaustion Terminal hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Age + long time bed confinement and after a chronic Bronchitis of many months		8-10-58
DUE TO (c)		45

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fracture of right hip Apr 1952 followed by two big surgical operations leaving severe deformity		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Fall in home fracturing hip 1952 very severe	
20c. TIME OF INJURY Hour Month, Day, Year a. m. Apr 1952 p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Her home	
20e. CITY, TOWN, OR LOCATION 720		20f. COUNTY Jackson STATE Mo

21. I attended the deceased from Apr 1952 to Feb 5, 1958 and last saw her alive on 2-5-1958 Death occurred at 7:50 Pm on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Harvey Jennett, M.D.	22b. ADDRESS 1500 Professional Bldg Kansas City 6 Mo	22c. DATE SIGNED 2-6-58

23a. BURIAL CREMATION (Specify) Burial	23b. DATE 2-8-1958	23c. NAME OF CEMETERY OR CREMATORY Blue Springs	23d. LOCATION (City, town, or county) (State) Blue Springs Mo
24. FUNERAL DIRECTOR Web Funeral Home	ADDRESS Blue Springs Mo	25. DATE RECD. BY LOCAL REG. 2-8-58	26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
J. Harvey Jennett



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *RB Webb*.....

Licensed Embalmer No. *23*

P. O. Address *Blue Spring*.....

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.