

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37125**
4806

BIRTH NO. **71934-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4806**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY LEAVENWORTH	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TONGANOXIE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Hospital		d. STREET ADDRESS (If rural, give location) 997 1st St	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Eugene c. (Last) BLACK			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12 1949		
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH Nov. 10, 1949		9. AGE (In years last birthday) 150		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Eugene Ellis Black	
13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Eugene Black ADDRESS Tonganoxie, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Placenta previa complicated		INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
		DUPLICATE CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) massive hemorrhage in mother			
		DUE TO (c) Prematurity			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 7/16x		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		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 **Nov. 10, 1949**, to **Nov. 12, 1949**, that I last saw the deceased alive on **Nov. 12, 1949**, and that death occurred at **4 A.** m., from the causes and on the date stated above.

23a. SIGNATURE J. J. Pocsik D. O. (Degree or title) D.O. 2		23b. ADDRESS 6518 Independence		23c. DATE SIGNED 11/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/12/49		24c. NAME OF CEMETERY OR CREMATORY -	
24d. LOCATION (City, town, or county) (State) Tonganoxie Mo		25. FUNERAL DIRECTOR'S SIGNATURE Sheldine Holmes Quisenberry ADDRESS Funeral Home Tonganoxie			

DATE REC'D BY LOCAL REG. 11-12-49		REGISTRAR'S SIGNATURE Sheldine Holmes Quisenberry		ADDRESS Funeral Home Tonganoxie	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *C Hervey Quisenberry*

Licensed Embalmer No. *1990*

P. O. Address *Tougalwee*

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 this body is not embalmed, fact should be so stated above.