

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1359

State File No.

FILED FEB 10 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 280

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. MISSOURI b. JACKSON	
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 KANSAS CITY	
c. LENGTH OF STAY (in this place) 10 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 1515 Euclid Avenue	

3. NAME OF DECEASED (Type or Print) QUEENIE	a. (First)	b. (Middle)	c. (Last) WEBB	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 18 1951
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5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 10 1907	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TYREE, WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JUDD WARD	13b. MOTHER'S MAIDEN NAME LESSIE GRAY	14. NAME OF HUSBAND OR WIFE HAROLD WEBB
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ELLA KING	ADDRESS 1515 Euclid Avenue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* 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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNEC'S CIRRHOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC ALCOHOLISM DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS			58 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-2- 1951, to 1-18- 1951, that I last saw the deceased alive on 1-18, 1951, and that death occurred at 1:15 A m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Elise (Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 1-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 22, 51	24c. NAME OF CEMETERY OR CREMATORY Des Moines	24d. LOCATION (City, town, or county) (State) Des Moines Iowa
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DATE REC'D BY LOCAL REG. 1-19-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Graham Burr	ADDRESS 2304 Vine St
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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 Embalmer No.....

Signed

B. L. Graham

Signed.....

Student Embalmer

Licensed Embalmer No. *2540*

P. O. Address *2304 West 28*

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.