

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20433

State File No. 2590

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2590

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		b. COUNTY <u>JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>		d. STREET ADDRESS <u>918 Armour Blvd.</u>	

3. NAME OF DECEASED (Type or Print) <u>SAMUEL WEBSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEBRUARY 8 1884</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JANITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TOPEKA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>DANIEL WEBSTER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMALINE MARTIN</u>		14. NAME OF HUSBAND OR WIFE <u>DEOLA WEBSTER</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>Work</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DEOLA WEBSTER</u>		ADDRESS HOME <u>2023 Benton (Convalescent)</u>	
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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, asphyxia, 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) <u>UREMIA</u>		DUE TO (b) <u>SENILE ARTERIOSCLEROTIC NEPHROSCLEROSIS</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>CHRONIC ALCOHOLISM, IDIOPATHIC EPILEPSY</u>				<u>446x</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

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) <u>5-20-51</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 5-20, 1951, to 6-2, 1951, that I last saw the deceased alive on 6-25, 1951, and that death occurred at 11:45 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Ellis</u>		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>6-6-51</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>6-18-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K. C. College of Optometry</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-18-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		GENERAL DIRECTOR'S SIGNATURE <u>Dr. Thomas</u>		ADDRESS <u>2300 E. 18th</u>	
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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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *L. W. Jones*
Licensed Embalmer No. *4429*

P. O. Address *2308 Ed + 1974*

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.