

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30357

3966

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

1. PLACE OF DEATH a. COUNTY JACKSON 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 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 3558	
c. LENGTH OF STAY (in this place) 32 years		d. STREET ADDRESS (If rural, give location) 3842 WABASH AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MAE b. (Middle) E. c. (Last) MIKEL	4. DATE OF DEATH SEPT-14-1951							
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH Sept 3, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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) NEAR Kirksville Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Richard Towles	13b. MOTHER'S MAIDEN NAME Theresa BEATTY	14. NAME OF HUSBAND OR WIFE WM Mikel
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. BEULAH MANOEL	ADDRESS 3842 WABASH AVE. KANSAS CITY, MO.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>hypertension</u>	
		DUE TO (c) <u>arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		# <u>fracture sigmoid</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		4431	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Flaccid sigmoid</u>	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.) <u>at home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>8-23-51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on floor</u>

22. I hereby certify that I attended the deceased from July 14, 1949, to Sept. 14, 1951, that I last saw the deceased alive on Sept. 14, 1951, and that death occurred at 11:29 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald R. Black</u>	23b. ADDRESS Prof. Bldg.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT-17-1951	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 9-17-51	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.N. Newcomer</u>	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten:
A-P-2311
~~11/1/51~~

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.....

Handwritten signature: Bernard J. Thomas

Signed.....
Student Embalmer

Licensed Embalmer No.....

Handwritten: 4250

P. O. Address.....

Handwritten: N. C. Mo

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.