

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16302

State File No. _____

FILED JUN 13 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2424

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3258</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 2</u> | | d. STREET ADDRESS (If rural, give location) <u>1906 E. 17th St.</u> | |

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|--|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander</u> b. (Middle) _____ c. (Last) <u>Ash</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-52</u> | | |
| 5. SEX <u>Male</u> <u>2</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>9-26-81</u> | | 9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Virginia</u> <u>1</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Charles Ash</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ella Black</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Shields 1906 E. 17th</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. MARY Shields 1906 E. 17th Street</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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infarct</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease with failure.</u> DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | | 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 5-14, 1952, to 5-16, 1952, that I last saw the deceased alive on 5-16, 1952, and that death occurred at 7:20P m., from the causes and on the date stated above.

| | | | | | |
|--|--|-----------------------------|---|--|--|
| 23a. SIGNATURE <u>Frank Elise MD</u> (Degree or title) | | | 23b. ADDRESS <u>600 E. 22nd Street</u> | | |
| 23c. DATE SIGNED <u>5-18-52</u> | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-28-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Mo</u> | | | | | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>5-28-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thymer - Ramsey F. H. 1817 Truman</u> | |
|--|--|--|--|--|--|

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 J. F. Ramsey

Signed.....
Student Embalmer

Licensed Embalmer No. 4081

P. O. Address Kansas City 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.