

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8464

State File No.

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 959

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>		e. STREET ADDRESS (If rural, give location) <u>2920 Olive Avenue</u> <u>3408</u>	
3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <u>Mamie</u>		(Month) (Day) (Year) <u>3 2 1954</u>	
b. (Middle) <u>M</u>		c. (Last) <u>Abrams</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 1, 1888</u>	
9. AGE (In years last birthday) <u>65</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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta, Georgia /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ed Furlough</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Herron</u>	
14. NAME OF HUSBAND OR WIFE <u>Ed Abrams</u>		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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Abrams</u>	
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.		19. ADDRESS <u>110 Garfield</u>	
1. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis with occlusion of left mid cerebral artery.</u>		<u>01</u>	
ANCECEDENT CAUSES <u>Old and recent cerebral encephalomalacia, left.</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) <u>Generalized arteriosclerosis.</u>			
ii. OTHER SIGNIFICANT CONDITIONS <u>Generalized arteriosclerosis.</u>			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
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)		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 <u>2-25-54</u>, 19<u>54</u>, to <u>3-2-54</u>, 19<u>54</u>, that I last saw the deceased alive on <u>3-2-54</u>, 19<u>54</u>, and that death occurred at <u>8:40 a.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Frank Ellis MD</u> (Degree or title)		23b. ADDRESS <u>600 East 22nd Street</u>	
23c. DATE SIGNED <u>3-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>3/5/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hornshorn, Oklahoma</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3-4-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. 18th & Benton</u>		ADDRESS	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *18th & Bent*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.