

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15862

State File No. _____

2115

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>22 YRS.</u>		c. CITY OR TOWN <u>KANSAS CITY</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>4340 CYPRESS AVENUE</u>				e. STREET ADDRESS (If rural, give location) <u>4340 CYPRESS AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>DWINNELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9. 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 30 - 1883</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
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 <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LARNED, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HEMAN J. BARBER</u>		13b. MOTHER'S MAIDEN NAME <u>MAY HURLEY</u>		14. NAME OF HUSBAND OR WIFE <u>PERCY L. DWINNELL</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BUNNIE D. EBBERT. 4340 CYPRESS KANSAS CITY, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mal nutrition</u> DUE TO (c) <u>Massive adhesions</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Splenic flexure of Colon obstructed</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs</u> <u>Since 4</u>	
19a. DATE OF OPERATION <u>1941</u>		19b. MAJOR FINDINGS OF OPERATION <u>Surgery for duodenal ulcer in 1941</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19 <u>50</u> to <u>5-9, 1954</u> , that I last saw the deceased <u>Valid on 4-28, 1954</u> and that death occurred at <u>1:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. ROOSE</u> (Degree or title)		23b. ADDRESS <u>DO 3309 E 12</u>		23c. DATE SIGNED <u>5-9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>MAY 11 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's Sons</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY - MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-11-54</u>		REGISTRAR'S SIGNATURE <u>Staldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Newcomer's Sons</u> ADDRESS <u>1331. BUSHY CREEK, Kansas City, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Ch 1247

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 John B. Lewis

Licensed Embalmer No... 48

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