

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27687**
3364

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

1. PLACE OF DEATH
a. COUNTY **Jackson**

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 town or township)
Kansas City

c. LENGTH OF STAY (In this place)
5

c. CITY OR TOWN
Kansas City

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
General Hospital No. 1

e. STREET ADDRESS (If rural, give location)
3317 Indiana

3578
0

3. NAME OF DECEASED
a. (First) **Lee** b. (Middle) **Etta** c. (Last) **Seleman**

4. DATE OF DEATH
(Month) (Day) (Year)
7 13 1954

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Unknown

9. AGE (In years last birthday)
74

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)
At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Unknown

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND/OR WIFE
Unknown

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 ADDRESS
Mrs. Effie Waspi Kansas City, Mo.

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) **Cardiac failure**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Generalized arteriosclerosis**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of breast with metastases

INTERVAL BETWEEN ONSET AND DEATH

45

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 7**, 19 **54**, to **July 13**, 19 **54**, that I last saw the deceased alive on **July 13**, 19 **54**, and that death occurred at **6:40 P** m., from the causes and on the date stated above.

23a. SIGNATURE **B. I. Burns, M.D.** (Degree or title)

23b. ADDRESS
24th & Cherry

23c. DATE SIGNED
7-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
7-15-54

24c. NAME OF CEMETERY OR CREMATORY
Mt. Moriah

24d. LOCATION (City, town, or county) (State)
Kansas City, Mo.

DATE REC'D BY LOCAL REG.
7-15-54

REGISTRAR'S SIGNATURE
Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Freeman Mortuary Kansas City, Mo.

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

Handwritten initials and scribbles in the top right corner.

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 *J. H. Free*.....

Licensed Embalmer No. *29*.....

P. O. Address *H. O.*.....

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.