THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 2 - 1956

STATE FILE NUMBER 34165 4550

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in Ib 1

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansas b. COUNTY Pope
c. CITY OR TOWN Dover — Inside Limits Yes X No
d. STREET ADDRESS Rural (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First Elizabeth; Middle; Last Page
4. DATE OF DEATH: Month 10 Day 19 Year 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: April 23 1882
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (City and state or country): Dover Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: — Lewis
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Joseph Carr — Address: 4205 Benton Blvd. Kansas City Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary congestion and edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes (clinical)
19. WAS AUTOPSY PERFORMED? YES X NO
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 18, 1956 to Oct. 19, 1956 and last saw her alive on Oct. 19, 1956
Death occurred at 5:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. I. Burns, M.D. (Degree or title)
22b. ADDRESS: 24th & Cherry
22c. DATE SIGNED: 10-19-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct-19-1956
23c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
23d. LOCATION (City, town, or county) (State): New Hope Arkansas

24. FUNERAL DIRECTOR: D.W. Newcomer's Sons — ADDRESS: 1331-Brush Creek Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-19-56
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B.I. Burns

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Paul R. Williamson

Licensed Embalmer No. 50

P. O. Address Overland
Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.