

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24738**  
**3454**  
Registrar's No. \_\_\_\_\_

FILED JUL 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		State File No. <b>24738</b>		<b>3454</b>		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>27 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>1217 Garfield</u>				e. STREET ADDRESS (If rural, give location) <u>1217 Garfield</u>				2258							
3. NAME OF DECEASED a. (First) <u>Bessie Mae</u> b. (Middle) <u>Deckard</u> c. (Last) <u>Deckard</u>				4. DATE OF DEATH <u>July 9, 1953</u>											
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 19, 1907</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. 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>Lexington, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Alonzo Lowe</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Jenkins</u>				14. NAME OF HUSBAND OR WIFE <u>Clyde Deckard</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>Clyde Deckard</u>				ADDRESS <u>1217 Garfield</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  331*								INTERVAL BETWEEN ONSET AND DEATH			
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) _____				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>7-3</u> , 19 <u>53</u> , to <u>7-9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-9</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.															
23a. SIGNATURE <u>W. T. Reeves</u> (Degree or title) <u>D. O. 2</u>				23b. ADDRESS <u>3106 Woodland K.C. Mo</u>				23c. DATE SIGNED <u>7-11-53</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24b. DATE <u>7/12/53</u>				24c. NAME OF CEMETERY OR CREMATORY _____				24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-11-53</u>				REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Benton</u>				ADDRESS _____			

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

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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 L. Wathen*.....

Licensed Embalmer No. *4500*.....

P. O. Address *18<sup>th</sup> & Benton*.....

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.