

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8997

State File No.

FILED APR 7 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1313

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| 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 township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | 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: General Hospital #2 | | e. STREET ADDRESS (If rural, give location): 822 East 10th Street, Apt. 10 | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Eliza | b. (Middle) — | c. (Last) Watson | (Month) 3 | (Day) 18 | (Year) 1954 |

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| 5. SEX 3 FEMALE | 6. COLOR OR RACE COLORADO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED DIV. 2 | 8. DATE OF BIRTH OCT. 29, 1877 | 9. AGE (In years last birthday) 76 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER | 11. BIRTHPLACE (City and State or Foreign Country) MISSISSIPPI | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME DON'T KNOW | 13b. MOTHER'S MAIDEN NAME DON'T KNOW | 14. NAME OF HUSBAND OR WIFE WILLIAM WATSON |
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| 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 HERMAN WATSON - 822 - E - 10, K.C., MO |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease with failure. | | INTERVAL BETWEEN ONSET AND DEATH |
| | | 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. | | 443 X |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) m. | 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 2-13-54, 19___, to 3-18-54, 19___, that I last saw the deceased alive on 3-18-54, 19___, and that death occurred at 10:30a m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. Frank Ellis | (Degree or title) MD | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 3-19-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3-23-54 | 24c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE | 24d. LOCATION (City, town, or county) (State) K.C., MO. |
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| DATE REC'D BY LOCAL REG. 3-23-54 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRADY-BROWN K.C., MO. |
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(Licensed Embalmer's Statement on Reverse Side)

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 *John R. Sidman*.....

Licensed Embalmer No. 453

P. O. Address Kansas, 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.