

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12169**
1477

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. <u>3346</u>	
1. PLACE OF DEATH a. COUNTY <u>Ja ckson</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 OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>3 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>Wheatley</u>				e. STREET ADDRESS (If rural, give location) <u>2920 East 28th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacqueline</u>		b. (Middle)		c. (Last) <u>Mooney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-30-54</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>May 30, 1921</u>	
9. AGE (In years last birthday) <u>32</u>		If UNDER 1 YEAR Months		If UNDER 1 HR. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lee Ellis Hopkins</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Moss</u>		14. NAME OF HUSBAND OR WIFE <u>Calib Mooney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-26-3592</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Calib Mooney</u>		ADDRESS <u>2920 E. 28th</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>Rhabdomyosarcoma left thigh female</u> ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Severe Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>197X</u>	
19a. DATE OF OPERATION <u>5-29-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rhabdomyosarcoma</u>				20. AUTOPSY? YES <input checked="" 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)		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>5-24, 1953</u> , to <u>3-30, 1954</u> , that I last saw the deceased alive on <u>3-29, 1954</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Cummins</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1612 Prof. Bldg</u>		23c. DATE SIGNED <u>3-31-54</u>	
24a. BURIAL CREMATION OR MOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4-2-54</u>		REGISTRAR'S SIGNATURE <u>Sealdine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. Funeral Home</u>		ADDRESS <u>18th & Benton</u>	

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 A. Watkins*.....

Licensed Embalmer No. *4500*

P. O. Address *18th & Park Blvd*

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.