

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6013

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) Kansas City

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 #2

f. STREET ADDRESS (If rural, give location) 2510 1/2 East 27th Street 3398

3. NAME OF DECEASED (Type or Print)
a. (First) Verdia b. (Middle) M c. (Last) Watson

4. DATE OF DEATH (Month) (Day) (Year)
12 31 1954

5. SEX 3
Female

6. COLOR OR RACE
Negro

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

8. DATE OF BIRTH
10-3-1908 1914

9. AGE (In years last birthday) 40 yrs
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 Foreign Country)
Texarkana, Texas

12. CITIZEN OF WHAT COUNTRY?
U. S.

13a. FATHER'S NAME
Jessie Haggins

13b. MOTHER'S MAIDEN NAME
Octavia Colton

14. NAME OF HUSBAND OR WIFE
Ulas Watson

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.
552-36-1104

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ulas Watson 2510 1/2 East 27th Street

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) Carcinoma of the breast

ANTECEDENT CAUSES
DUE TO (b) Secondary matosis of the breast.
2. Wide spread carcinomatosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1704

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) m.

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 12-30-54, 1954, to 12-31-54, 1954, that I last saw the deceased alive on 12-31, 1954, and that death occurred at 8:05 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
E. Frank (M.D.)

23b. ADDRESS
MD 600 East 22nd Street

23c. DATE SIGNED
1-3-55

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

24b. DATE
1-1-55

24c. NAME OF CEMETERY OR CREMATORY
Lincoln

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
1-3-55 New Marshall

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS
Statkins Brothers Funeral Home 18th Street

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
10.48

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 R. Watkins*

Licensed Embalmer No..... *45*

P. O. Address..... *18th Ben*

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.