

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12022**
1589

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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. LENGTH OF STAY (in this place) 21 yrs.		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) 51 3567 White Avenue 3548					
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) M		c. (Last) Loston		4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1955		
5. SEX female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 19, 1896		9. AGE (In years last birthday) 58 58 1	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 60 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid			10b. KIND OF BUSINESS OR INDUSTRY Private Home		11. BIRTHPLACE (City and State or Foreign Country) Bernie, Texas		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Robert Meadows			13b. MOTHER'S MAIDEN NAME Lula Street		14. NAME OF HUSBAND OR WIFE John B. Loston				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 488-36-2373		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine Mins, 201 S. Mesquite, SAN ANTONIO, TEXAS				
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.		<p align="center">MEDICAL CERTIFICATION</p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema secondary to hypertrophy and dilatation of the heart.</p> <p align="center">ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p align="center">DUE TO (b) _____</p> <p align="center">DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, clinical. Obesity.</p>						INTERVAL BETWEEN ONSET AND DEATH 4343	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		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>3-16-55</u> , 19 <u> </u> , to <u>4-5-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>4-5-55</u> , 19 <u> </u> , and that death occurred at <u>12:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. Frank Ellis MD				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4-6-55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE April 9, 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) San Antonio, Texas			
DATE REC'D BY LOCAL REG. 4-9-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Funeral Home 17th & Benton					

(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 *Bruce A. Watkins*

Licensed Embalmer No. *4574*

P. O. Address *18th Ave. Bente*

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.