

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15611**
1904

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 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) TOWN KANSAS CITY | | c. LENGTH OF STAY (in this place) 33 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 NONE 2452 Tracy | | | | e. STREET ADDRESS (If rural, give location) 2452 Tracy Ave. 341 1/2 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HATTIE | | b. (Middle) M. | | c. (Last) SESSIONS | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 24 55 | |
| 5. SEX 3 FEMALE | | 6. COLOR OR RACE NEGRO | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2 | | 8. DATE OF BIRTH MARCH 11 1856 | |
| 9. AGE (In years last birthday) 99 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 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 home | | 11. BIRTHPLACE (City and State or Foreign Country) AUSTIN TEXAS 1 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME C. A. BREIDLOVE | | 13b. MOTHER'S MAIDEN NAME LENA RECTOR | | 14. NAME OF HUSBAND OR WIFE ALEX SESSIONS | | | |
| 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 ELEZABETH STEVENS (daughter) K.C. Mo. | | | |
| 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) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis 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 4201 | |
| 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) (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>2-17</u> 19 <u>47</u> , to <u>4-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-16</u> 19 <u>55</u> , and that death occurred at <u>4:10 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Royall B. Adkins (Degree or title) MD | | | | 23b. ADDRESS 1433 E-19th St | | 23c. DATE SIGNED 4-29-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE April 30 55 | | 24c. NAME OF CEMETERY OR CREMATORY LINCOLN CEMETERY | | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO. | |
| DATE REC'D BY LOCAL REG. 4-30-55 | | REGISTRAR'S SIGNATURE new Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADKINS FUNERAL HOME 2000 E 12th St. K. C. Mo | | | |

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

I

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..... *C. Kenneth Kefauver*

Licensed Embalmer No. *444*

P. O. Address *Kennett*

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.