

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33084

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4132

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 town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) QUEEN OF THE WORLD			
3. NAME OF DECEASED (Type or Print) INFANT		4. DATE OF DEATH (Month) (Day) (Year) 9-19-55	
5. SEX MALE		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married		8. DATE OF BIRTH 9-19-55	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min. 50		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) K.C. Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME MORRIS LEON BELL	
13b. MOTHER'S MAIDEN NAME MARTHA LUE SHELTON		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
Martha Lue Bell		5112 E. 34th	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Placenta Separation ANTECEDENT CAUSES Cause Unknown Morbidity 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.	
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 9-19-1955, to 9-19-1955, that I last saw the deceased alive on 9-19-1955, and that death occurred at 8:52 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Marion W. Richardson		23b. ADDRESS 2529 Prospect	
23c. DATE SIGNED 9/19/55		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-23-55	
24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 9-23-55		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Wethers Bros. Funeral Home		18 Canton	

(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. *45*.....

P. O. Address *18th and Den*.....

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.