

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33722**

FILED OCT 27 1955

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 402

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) Rural		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"/>
c. LENGTH OF STAY (in this place) Hrs		e. STREET ADDRESS (If rural, give location) 3622 College	
d. FULL NAME OF HOSPITAL OR INSTITUTION K C Southern Tracks & Sin-a-Bar Rd			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) FRANCIS	
c. (Last) WATERS		4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 24, 1878
9. AGE (In years last birthday) 77		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) Retired		10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal Worker	11. BIRTHPLACE (City and State or Foreign Country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Hugh F Waters		13b. MOTHER'S MAIDEN NAME Margret Haley	
14. NAME OF HUSBAND OR WIFE Isabella J. Waters			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-16-0809	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Isabelle Waters 3622 College K C Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		<i>Myocardial Infarction</i>	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		802X 35	
Morbid 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 Autopsy & Inspection	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) B.R. Tracks	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Kans-City Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-18-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Reduction Bench by Train			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Sheil H. Owens Coroner		23b. ADDRESS 1034 Beato Blvd	
23c. DATE SIGNED 10-19-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 21, 1955	
24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 10-21-55		REGISTRAR'S SIGNATURE Sheil H. Owens	
25. FUNERAL DIRECTOR'S SIGNATURE Sheil Funeral Home		ADDRESS Kansas City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 1958

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. 51

working under my personal supervision..

Student Harold P. Reich
Signature of Student Embalmer

Signed Thomas A. Reich

Licensed Embalmer No. 495

P. O. Address K.C.M.

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.