

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20546**
2618

FILED JUL 5 1956

BIRTH NO. **6729 38178-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** 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) **Kansas City**

c. LENGTH OF STAY (in this place) **Lifetime**

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**

e. STREET ADDRESS (If rural, give location) **1111 Harrison 3278**

3. NAME OF DECEASED (Type or Print)
a. (First) **Patsy** b. (Middle) **Jean** c. (Last) **Higgins**

4. DATE OF DEATH (Month) (Day) (Year) **6 13 1956**

5. SEX **3 female**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **June 4, 1956**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. **8**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **America**

13a. FATHER'S NAME **John Higgins**

13b. MOTHER'S MAIDEN NAME **Ada Jackson**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **John Higgins 1111 Harrison**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary atelectasis. Recent resection of 40 centimeters of gangrenous small bowel**
ANTECEDENT CAUSES DUE TO (b) **(clinical) with side to side anastomosis.**
congenital obstruction
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
7562

19a. DATE OF OPERATION **6-11-56**

19b. MAJOR FINDINGS OF OPERATION **Gangrenous small intestine.**

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 **6-4-56**, 19**56**, to **6-13-56**, 19**56**, that I last saw the deceased alive on **6-13-56**, 19**56**, and that death occurred at **12:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE **W. B. Peterson** (Degree or title) **MD**

23b. ADDRESS **600 E. 22nd St.**

23c. DATE SIGNED **6-14-56**

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

24b. DATE **6/16/56**

24c. NAME OF CEMETERY OR CREMATORY **Lincoln**

24d. LOCATION (City, town, or county) (State) **Kans. City, Missouri**

DATE REC'D BY LOCAL REG. **6-14-56** REGISTRAR'S SIGNATURE **Wesley Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Watkins Brothers Funeral Home 18th & Benton**

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.....
James A. W. [unclear]

Licensed Embalmer No. 437

P. O. Address 18th + [unclear]

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.