

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27105

STATE FILE NUMBER

FILED AUG 29 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3343

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1304 E. 27th</b>		Length of stay in lb <b>44 yrs.</b>		d. STREET ADDRESS <b>1304 E. 27th</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>SADIE</b> Middle <b>V.</b> Last <b>REAVES</b>				4. DATE OF DEATH Month <b>July</b> Day <b>31</b> Year <b>1956</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 13, 1908</b>	
9. AGE (In years last birthday) <b>47 yrs.</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>31</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Private Family</b>			11. BIRTHPLACE (City and state or country) <b>Batsville, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13. FATHER'S NAME <b>Lewis Watkins</b>				14. MOTHER'S MAIDEN NAME <b>Mary Sutton</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>486-26-7277</b>		17. INFORMANT <b>Samuel Reaves</b> Address <b>1304 E. 27th St.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:- IMMEDIATE CAUSE (a) <b>Hypertension</b> <b>Obesity</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH <b>444 x</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>7:31</b> Month <b>56</b> Day <b>56</b> Year <b>56</b> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>July 31, 1956</b> to <b>July 31, 1956</b> and last saw her <b>alive on H. H. E. A. M</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. M. Walden, M.D.</b>				22b. ADDRESS <b>1738 Troost Av.</b>		22c. DATE SIGNED <b>8-1-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>		<b>August 4, 1956</b>		<b>Lincoln</b>		<b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Watkins Bros. Fn. Hm. 18th &amp; Benton</b>				25. DATE RECD. BY LOCAL REG. <b>8-1-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 R. Wattani*.....

Licensed Embalmer No. *45*.....

P. O. Address *18th & 1*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.