

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38390

State File No. _____

FILED NOV 29 1956

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural - Prairie</u>	c. LENGTH OF STAY (in this place) <u>26 days</u>	c. CITY OR TOWN <u>Independence</u>	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 <u>Jackson County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2612 Santa Fe Road 700 S</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u> b. (Middle) <u>C.</u> c. (Last) <u>FILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10 1956</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>Nov. 2, 1906</u>	9. AGE (in years last birthday) <u>50 yrs.</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Rest Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>							

13a. FATHER'S NAME <u>Cortez Filson</u>	13b. MOTHER'S MAIDEN NAME <u>Melicia Hoffman</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-05-1735</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Lee Rodetogey</u>	ADDRESS <u>Indep. Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>		
	ANTECEDENT CAUSES 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. <u>Bilateral archesive peripheral vascular disease 1 year</u>			

19a. DATE OF OPERATION <u>10-24-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Diabetic gangrene Rt foot</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from October 14, 1956, to November 10, 1956, that I last saw the deceased alive on November 9, 1956, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jacob Knapp</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>701 E C 3 rd</u>	23c. DATE SIGNED <u>Nov. 11, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence - Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-12-1956</u>	REGISTRAR'S SIGNATURE <u>D.B. Laufford</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul J. Speaks</u>	ADDRESS <u>Indep. Mo</u>
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(Exceeds Embalmer's Statement on Reverse Side)

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

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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 *Roland J. Jankos*

Licensed Embalmer No. 3604...

P. O. Address

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.