

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8948

STATE FILE NUMBER 1058

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Jackson	a. STATE	Mo.
b. CITY (If outside corporate limits, give TOWNSHIP only)	Kansas City	b. COUNTY	Jackson
OR TOWN	Kansas City	c. CITY OR TOWN	Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Wheatley Hosp.	d. STREET ADDRESS	2507 Tracy
Length of stay in	50 yds.	(If outside, give location)	
		Reside on Form	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
Nora Watkins			3/1/57		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
Female	Negro	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7-6-1888	68	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?	
Domestic Work			Franklin Tenn.	U S A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Minus Starnes			Jenny Starnes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no; or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
		488-36-2435	James Starnes 1610 E. 22nd St.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardio Vascular Disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	44 1/2
	DUE TO (c) _____	
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			20d. INJURY OCCURRED		
Hour	Month	Day, Year	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.)
a. m.		p. m.	20f. CITY, TOWN, OR LOCATION		
			COUNTY		
			STATE		

21. I attended the deceased from 1/1/57 to 3/1/57 and last saw her alive on 3/1/57		
Death occurred at 2:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE	(Degree or title)	22b. ADDRESS
J. M. Walden, M.D.	D	1738 Toot
22c. DATE SIGNED		
3/6/57		

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
Burial	3/9/57	Lincoln	Kansas City	Mo.
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Manlove & Williams 1729 Lydia		3-6-57	new minshel	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 300-56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. M. Walden

2201

TO THE

TO THE
DATE

OF
OF

DATE

DATE

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

Licensed Embalmer No.

P. O. Address

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.

STATE

diseases in Part I must be causally related. Coroner cannot certify that any other disease was causally related. Coroner cannot certify that any other disease was causally related. Coroner cannot certify that any other disease was causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITER

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

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 NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED; (Enter nature of injury in Part I or Part II of Item 18.)
new 3/1

20c. TIME OF INJURY
Hour _____
a. m. _____
p. m. _____
Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 1-6-57 to 3-1-57 and last saw her alive on 3-1-57
Death occurred at 2:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Walde (Degree or title) M.D.

22b. ADDRESS 1738 T road

22c. DATE SIGNED 3/5/57

23a. BURIAL (CREMATION, REMOVAL, Specify) Burial

23b. DATE 3-6-57

23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS Manlove & Williams 1729 Lydia

25. DATE RECD. BY LOCAL REG. 3-6-57

26. REGISTRAR'S SIGNATURE new Marshall

(Licensed Embalmer's Statement on Reverse Side)

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 *J. Maulore Jr*

Licensed Embalmer No. *39*

P. O. Address *372 E*

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.

#8948
(1957)