

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13454

FILED APR 25 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1581

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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. S. Wells

| | | | |
|---|----------------------------------|---|--|
| 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, give TOWNSHIP only) Inside Limits OR TOWN KANSAS CITY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2706 Benton | | d. STREET ADDRESS (If outside, give location) 2706 Benton | |
| Length of stay in lb 40 yrs. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First EMMA Middle J. Last TILLEY | | | 4. DATE OF DEATH Month April Day 2 Year 1957 |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1884 Feb. 18, 1874 |
| 9. AGE (In years last birthday) 73 yrs. | | 10. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Henderson, Texas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME George Brown | | 14. MOTHER'S MAIDEN NAME Frankie Upton | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Clarence Tilley | | Address 2706 Benton Blvd. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Ht Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension Ht Disease DUE TO (c) Chronic Interstitial Nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) General arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 4 yrs |
| 19a. 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 _____ 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 June 1950 to 4-2-57 and last saw her/him alive on 4-2-57 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE J. S. Wells M.D. (Degree or title) | | 22b. ADDRESS 2122-E-15th St | |
| 22c. DATE SIGNED 4-3-57 | | | |
| 23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial | | 23b. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn | |
| 23c. DATE April 5, 1957 | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| 24. FUNERAL DIRECTOR Watkins Bros. Fn. Hm. | | 25. DATE RECD. BY LOCAL REG. 4-4-57 | |
| ADDRESS 18th & Benton | | 26. REGISTRAR'S SIGNATURE Neva 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 *Bruce R. Watkins*.....

Licensed Embalmer No. *45*

P. O. Address *18th + B*

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.