Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1957

STATE FILE NUMBER 35974

D Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4868

**1. PLACE OF DEATH**
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3108 Highland — Length of stay in 1b: 11 mos.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 1900 E. 31st St. — Reside on Farm Yes [ ] No [ ]

**3. NAME OF DECEASED** (Type or print): First CHARLES Middle R. Last LOVE

**4. DATE OF DEATH** Month October Day 6 Year 1957

**5. SEX** Male

**6. COLOR OR RACE** Negro

**7.** MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

**8. DATE OF BIRTH** October 12, 1956

**9. AGE** (In years last birthday) — IF UNDER 1 YEAR: Months 11 Days 24 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life even if retired) Infant

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country) Kans. City, Missouri

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

**13a. FATHER'S NAME** [redacted]

**13b. MOTHER'S MAIDEN NAME** Ellave Love

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

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.** none

**17. INFORMANT** Ellave Love Address 1900 E. 31st St. Mother

**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) Broncho-Pneumonia
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 [X]

MEDICAL CERTIFICATION

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

**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. 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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Doctor, M.D.) Deputy Coroner L. M. Tillman M.D.

**22b. ADDRESS** 1618 Lydia Ave

**22c. DATE SIGNED** 10/19/57

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

**23b. DATE** 10-31-57

**23c. NAME OF CEMETERY OR CREMATORY** Blue Ridge Lawn

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

**24. FUNERAL DIRECTOR** Watkins Bros. Fn. Hm. **ADDRESS** 18th & Benton

**25. DATE RECD. BY LOCAL REG.** 10-21-57

**26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

L. M. Tillman

## 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 ..... Signed Bruce R. Watkins
Signature of Student Embalmer

Licensed Embalmer No. 45[illegible]

P.O. Address 18th & Bent

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.