

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36039

STATE FILE NUMBER

FILED OCT 16 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4554

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE MISSOURI b. COUNTY JACKSON)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits 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 1207 1/2 E. 18th St.		Length of stay in lb 5 1/2 yrs.	8. STREET ADDRESS 1207 1/2 E. 18th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) NELLIE First Middle Last			4. DATE OF DEATH Sept. 28, 1957 Month Day Year		
5. SEX 3 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 March 23, 1890	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 67 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clarksville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gordon Bright		13b. MOTHER'S MAIDEN NAME Allie Moore		14. NAME OF HUSBAND OR WIFE Charles O'Bannon	
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. —	17. INFORMANT Address Charles O'Bannon 1207 1/2 E. 18th St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.					443X
DUE TO (b) Hypertensive Cardiovascular Disease					
DUE TO (c)					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 12-30-52 to 9-28-57 and last saw her ^{her} alive on 9-28-57 Death occurred 6:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE George H. Taft (Degree or title)		22b. ADDRESS 2204 E. 18th St.		22c. DATE SIGNED 9-30-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 4, 1957	23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) Kansas City, Missouri (State)	
24. FUNERAL DIRECTOR Watkins Brothers Funeral Home 17th ADDRESS Benton		25. DATE RECD. BY LOCAL REG. 10-1-57	26. REGISTRAR'S SIGNATURE Neva Minshall		

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

George H. Taft



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 P. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Bee*

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.