Dept. Health, Soc., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

47299
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6162

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) OR TOWN: Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Kansas City — Inside Limits Yes [ ] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General #2 — Length of stay in 1b: 35 yrs.	d. STREET ADDRESS (If outside, give location): 1318 E. 14th — Reside on Farm Yes [ ] No [ ]

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3. NAME OF DECEASED (Type or print) First: Anon Middle: Last: Killingsworth	4. DATE OF DEATH Month Day Year: December 23, 1957
5. SEX: Male	6. COLOR OR RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: April 6, 1886
9. AGE (In years last birthday): 71 yrs.	IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed	10b. KIND OF BUSINESS OR INDUSTRY: House cleaning
11. BIRTHPLACE (City and state or country): Rodney, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Joe Killingsworth	13b. MOTHER'S MAIDEN NAME: Winnie Hamilton
14. NAME OF HUSBAND OR WIFE: Ardella Killingsworth	
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.: 490-16-1369
17. INFORMANT Address: Herman Killingsworth, son 2916 Bales	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: Cerebral vascular accident.

IMMEDIATE CAUSE (a)

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

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 331 X

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] 2

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 12-21-57, to 12-23-57 and last saw her/him alive on 12-23-57

Death occurred at 11:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W R Peterson MD	22b. ADDRESS: 600 East 22nd Street	22c. DATE SIGNED: 12-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12-28-57	23c. NAME OF CEMETERY OR CREMATORY: Highland
23d. LOCATION (City, town, or county) (State): Kans. City, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Watkins Bros. Funeral Home 18th & Benton	25. DATE RECD. BY LOCAL REG.: 12-27-57	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.

W.R.Peterson

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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 ..... Signed Bruce P. Watkins
Signature of Student Embalmer

Licensed Embalmer No. 4500

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.