

Dr. 9
No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009974
State File No.

FILED MAR 31 1958

1206
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 33 years		e. STREET ADDRESS (If rural, give location) 2453 BROOKLYN	
d. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN OF THE WORLD HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) STELLA	b. (Middle) M.	c. (Last) HATCHER	4. DATE OF DEATH (Month) (Day) (Year) MARCH 2, 1958
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5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 22, 1901	9. AGE (In years last birthday) 57 yrs.	if UNDER 1 YEAR Months Days	if UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PARKVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Cave	13b. MOTHER'S MAIDEN NAME Addie Little	14. NAME OF HUSBAND OR WIFE Robert L. Hatcher
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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. 488-36-3298	17. INFORMANT'S SIGNATURE OR NAME Robert L. Hatcher	ADDRESS 2453 Brooklyn Husband
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LE TOMYOSARCOMA, RETROPERITONEAL WITH METASTASIS TO THE INTESTINES, LIVER,		INTERVAL BETWEEN ONSET AND DEATH 158X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) HEART, AND LUNGS DUE TO (c) EMACIATION... SEVERE <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-8-58, 1958, to 3-2, 1958, that I last saw the deceased alive on 3-2, 1958, and that death occurred at 1:49 Pm., from the causes and on the date stated above.

23a. SIGNATURE <i>Royce S. Fleming, MD</i>	(Degree or title)	23b. ADDRESS 1433 E-19th	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-58	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Parkville, Missouri
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DATE REC'D BY LOCAL REG. 3-6-58	REGISTRAR'S SIGNATURE <i>new Marshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home	ADDRESS 18th & Benton
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Royall B. Fleming



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 L. Watkins*.....

Licensed Embalmer No. *456*
P. O. Address *18th v. Ben*.....

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.