

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010118

STATE FILE NUMBER

1505

FILED APR 9 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

| | | | |
|---|---------------------------|---|--|
| 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 <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 1114 Paseo | | Length of stay in lb 24 12yrs | d. STREET ADDRESS (If outside, give location) 1114 Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MARY Middle PAGE Last PAGE | | 4. DATE OF DEATH Month 3 Day 22 Year 58 | |
| 5. SEX 3 female | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 22, 1869 |
| 9. AGE (In years last birthday) 88 | | FUNDER 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) at home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Harrisonville, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Tom Elliott | |
| 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Underwood Page | |
| 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 Address Elsie Lee 1114 Paseo |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular heart disease DUE TO (b) Hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 42-4 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1114 Paseo | |
| 20f. CITY, TOWN, OR LOCATION KANSAS CITY | | COUNTY JACKSON STATE MO. | |
| 21. I attended the deceased from March 22-57 to May 22-58 and last saw her alive on May 22-58 Death occurred at 5:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE L. V. Miller M.D. | | 22b. ADDRESS 1211 Paseo | |
| 22c. DATE SIGNED 3-22-58 | | 22d. LOCATION (City, town, or county) (State) Harrisonville, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 3-22-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY - | | 23d. LOCATION (City, town, or county) (State) Harrisonville, Mo. | |
| 24. FUNERAL DIRECTOR Watkins Bros. Fu. Home 18th Benton Blvd. | | 25. DATE RECD. BY LOCAL REG. 3-22-58 | |
| 26. REGISTRAR'S SIGNATURE Neva Minshall | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Decar, coroner, etc. must use only standard nomenclature in item 18. No symptoms which be stated. All diseases in Part I must be causally related.

L. V. Miller

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 *10000 Benton*

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.