

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010124  
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1560

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City,</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		6. CITY OR TOWN <u>Kansas City,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3427 Wabash</u>			Length of stay in lb <u>25 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>3427 Wabash</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Rosa</u> Middle <u>Pelton</u> Last <u>Pelton</u>				4. DATE OF DEATH Month <u>March</u> Day <u>23</u> Year <u>1958</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 10, 1886</u>		9. AGE (In years last birthday) <u>72</u>		10. FUNDER 1 YEAR Months <u>4</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Alexandria, La.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Floyd</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Elmer Pelton</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Elmer Pelton 3427 Wabash, K.C. Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Chronic Interstitial Nephritis</u>		DUE TO <u>Sclerotic Type Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		
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 <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 <u>8:15 AM</u> Month, Day, Year										
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 <u>June 1951</u> , to <u>3-23-58</u> and last saw her alive on <u>3-23-58</u> at <u>8:15 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>J. S. Wells</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>2122-E-15<sup>th</sup> K-C</u>				22c. DATE SIGNED <u>3-24-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-28-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn Cemetry, Kansas City, Missouri</u>			23d. LOCATION (City, town, or county) (State) <u>Mo</u>				
24. FUNERAL DIRECTOR <u>Mrs. Neek's Mortuary, K.C. Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-25-58</u>		26. REGISTRAR'S SIGNATURE <u>New Marshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

J. S. Wells

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 *Willard B. Paskin* .....

Licensed Embalmer No. *5013* .....

P. O. Address *F. C. Md.* .....

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.