

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018295
State File No.

2701

FILED JUN 11 1958

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

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 town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 4 MO. 19 00		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION KANSAS CITY TUBERCULOSIS HOSP			
3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY		b. (Middle) MAE	
c. (Last) JONES		4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1958	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH JAN. 15 - 1920	
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (City and State or Foreign Country) WAKARUSA, Texas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Major Jones		13b. MOTHER'S MAIDEN NAME Mayme Elsberry	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gladys Wooten	
18. CAUSE OF DEATH (Enter only one number per line (a), (b), or (c)) 158		ADDRESS 1514 HARRISON	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from JAN. 7 , 1958, to MAY 26 , 1958, that I last saw the deceased alive on MAY 26 , 1958, and that death occurred at 8:15 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edward P. Stummel MD		23b. ADDRESS K.C.T.B. Hosp	
23c. DATE SIGNED MAY 28, 58		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 5-31-58		24c. NAME OF CEMETERY OR CREMATORY LINCOLN	
24d. LOCATION (City, town, or county) (State) KANS. CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Hm.	
DATE REC'D BY LOCAL REG. 5-28-58		REGISTRAR'S SIGNATURE new Marshall	
25. ADDRESS BENTON		25. ADDRESS	

P. ALLEN

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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
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Bruce J. Watkins*

Licensed Embalmer No. *44*

P. O. Address *18th*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING.
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.